## N01000008416

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special instructions to Filing Officer  |
|                                         |
|                                         |
| WILL Wast                               |

Office Use Only



900300430889

06/16/17--01008--003 ++35.00

06/16/17--01008--004 ++26.25

S TALLENT JUN 1 6 2017

ALLAHASSET ELOPIG

FILED
17 JUN 16 AMII: 18

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: subway dixon rescue fund Name of Corporation N01000008416 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MEREDYTH VAN LOOCK Name of Contact Person SUBWAY DIXON RESCUE FUND Firm/Company 3364 FOLEY CUT OFF ROAD Address **PERRY FL 32348** City/State and Zip Code vanloock205@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: meredyth van loock Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha                   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of florida er to change its registered office or registered agent, or both, in the State of Florida.                                                                                                                                                        |   |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1. The name of t                   | the corporation: subway dixon rescue fund Inc.                                                                                                                                                                                                                                                                                                                                                                                 |   |
| 2. The principal peny fl 32        | l office address: 3364 foley cut off road<br>2348                                                                                                                                                                                                                                                                                                                                                                              |   |
| 3. The mailing a                   | address (if different):                                                                                                                                                                                                                                                                                                                                                                                                        |   |
| 4. Date of incorp                  | poration/qualification: 12/03/2001 Document number: N01000008416                                                                                                                                                                                                                                                                                                                                                               | _ |
|                                    | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)                                                                                                                                                                                                                                                                                         |   |
|                                    | mary lou dixon                                                                                                                                                                                                                                                                                                                                                                                                                 |   |
|                                    | 3364 foley cut off road                                                                                                                                                                                                                                                                                                                                                                                                        |   |
|                                    | perry fl 32348                                                                                                                                                                                                                                                                                                                                                                                                                 |   |
| 6. The name and (if changed):      | perry fl 32348  d street address of the new registered agent (if changed) and /or registered office                                                                                                                                                                                                                                                                                                                            |   |
|                                    | meredyth van loock                                                                                                                                                                                                                                                                                                                                                                                                             |   |
|                                    | 205 dogwood way                                                                                                                                                                                                                                                                                                                                                                                                                |   |
|                                    | P.O. Box NOT acceptable perry fl 32348                                                                                                                                                                                                                                                                                                                                                                                         |   |
| The street address changed will    | ess of its registered office and the street address of the business office of its registered agent, I be identical.                                                                                                                                                                                                                                                                                                            |   |
| Such change wa<br>authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.                                                                                                                                                                                                                                                                |   |
| M Omat                             | meredyth van loock representative V                                                                                                                                                                                                                                                                                                                                                                                            | ) |
| I further agree t                  | t the appointment as registered agent and agree to act in this capacity.<br>to comply with the provisions of all statutes relative to the proper and complete<br>I my duties, and I am familiar with and accept the obligation of my position as registered<br>his document is being filed merely to reflect a change in the registered office address. I<br>that the corporation has been notified in writing of this change. |   |
| nech                               | A Com Start William Date                                                                                                                                                                                                                                                                                                                                                                                                       |   |
| If signing on be                   | chalf of an entity:                                                                                                                                                                                                                                                                                                                                                                                                            |   |
| Т                                  | yped or Printed Name                                                                                                                                                                                                                                                                                                                                                                                                           |   |

\* \* \* FILING FEE: \$35.00 \* \* \*