

NO1000008718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

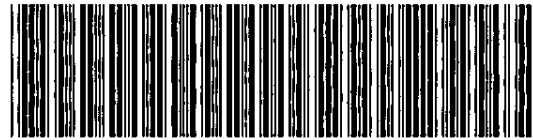
(Business Entity Name)

(Document Number)

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OR

5/1/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CEO Council of Tampa Bay, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N01000008718

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:

Cynthia Sexton

Name of Contact Person

CEO Council of Tampa Bay

Firm/Company

P.O. Box 320787

Address

Tampa, FL 33679

City/State and Zip Code

cyndi@ceotampabay.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Sexton

Name of Contact Person

at ( 813 ) 258-5999

Area Code & Daytime Telephone Number

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CEO Council of Tampa Bay, Inc.
2. The principal office address: 633 Ontario Ave., Tampa, FL 33606
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2-13-02 Document number: N01000008718-1/1
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mary Jane Toombs

633 Ontario Ave.

Tampa, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cynthia Sexton

4807 South Sunset, Tampa, FL 33629

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary Jane Toombs  
Signature of an officer or director

Mary Jane Toombs, Exec. Dir.

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Cynthia Sexton  
Signature of Registered Agent

12-28-13

Date

If signing on behalf of an entity:

Cynthia Sexton

Typed or Printed Name

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