

NO2 000 000 263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

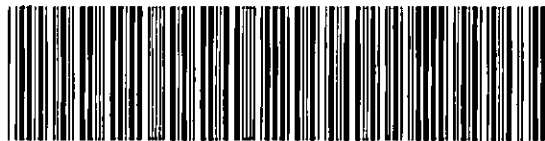
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kiwanis Club of Weston  
Name of Corporation

**DOCUMENT NUMBER:** N02000000263

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:

Bambi Williams

Name of Contact Person

Kiwanis Club Of Weston

Firm/Company

16654 S.W. 5 Way

Address

Weston, FL 33326

City/State and Zip Code

bnikolakis@hotmail.com

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

For further information concerning this matter, please call:

Bambi Williams

Name of Contact Person

at (

954

) 249-3410

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN 21 PM 8:44

March 12, 2020

BAMBI WILLIAMS  
16654 SW 5 WAY  
WESTON, FL 33326

SUBJECT: KIWANIS CLUB OF WESTON, INC.  
Ref. Number: N02000000263

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 620A00005508

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KIWANIS CLUB OF WESTON INC.  
2. The principal office address: 16654 S.W. 5 WAY, WESTON, FL 33326

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 2002/01/15 Document number: N02000000263

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)

WALLACH, EDWARD

14600 LURAY ROAD

S.W. RANCHES, FL 33330

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

BAMBI WILLIAMS

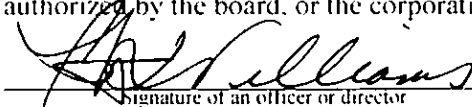
16654 S.W. 5 WAY

P.O. Box NOT acceptable

WESTON, FL 33326

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.

  
Signature of an officer or director

BAMBI WILLIAMS - PRESIDENT

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.*

  
Signature of Registered Agent

12/3/2019

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)