

NO20000001091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

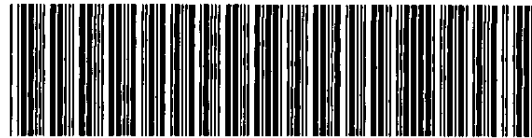
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299041090

05/16/17--01002--015 **35.00

FILED
17 MAY 15 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 2017

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seminole Manor Neighborhood Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N02000001091

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:

Rob Rinehart

Name of Contact Person

Firm/Company

800 Ocala Rd 300-278

Address

Tallahassee, FL 32304

City/State and Zip Code

seminolemanor@gmail.com

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

For further information concerning this matter, please call:

Rob Rinehart

Name of Contact Person

at **(850) 778-3781**

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: Seminole Manor Neighborhood Association, Inc.
2. The principal office address: 1568 Marcia Ave, Tallahassee, FL 32310
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/13/2002 Document number: N02000001091

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)

KUBLIN, KARY S

1568 MARCIA AVENUE

TALLAHASSEE, FL 32310

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

Rob Rinehart

800 Ocala Rd 300-278

P.O. Box NOT acceptable

Tallahassee, FL 32304

FILED
17 MAY 15 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Wilma Clark
Signature of an officer or director

Wilma Clark, Director
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]
Signature of Registered Agent

5/11/2017

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