

NO2000007830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/10/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Frances Hodge Community Center, Inc.
Name of Corporation

DOCUMENT NUMBER: N02000007830

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:

Marya Repko
Name of Contact Person

Firm/Company

P O Box 5033
Address

Everglades City, FL, 34139
City/State and Zip Code

mrepko@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marya Repko at (239) 695-2905
Name of Contact Person 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: The Frances Hodge Community Center, Inc.
2. The principal office address: 210 Turnstile Dr, Copeland, FL, 34137
3. The mailing address (if different): P O Box 456, Chokoloskee, FL, 34138
4. Date of incorporation/qualification: 10/11/2002 Document number: N02000007830
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)

resigned

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

Bryan, Helen

169 Lopez Lane North

P.O. Box NOT acceptable

Chokoloskee, FL, 34138

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.

Marya Repko
Signature of an officer or director

Marya Repko, Secretary

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.

Helen Bryan
Signature of Registered Agent

10/10/2011

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

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