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SECRETARY OF STATE TALLAHASSEE, PLORIDA

APPROVED AND FILED

C. LEWIS
FEB 2 4 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Friends of the Fort Myers Library, Inc.

Name of Corporation

DOCUMENT NUMBER: NO2000008335

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:

Robert Gibson

Name of Contact Person

Friends of the Fort Myers Library, Inc.

Firm/Company

2450 First Street

Address

Fort Myers, Florida 33901

City/State and Zip Code

robandgib@gmail.com

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

For further information concerning this matter, please call:

Robert Gibson

,239

247-4819

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

| statement of cha | inge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statu n organized under the laws of the State of Flori registered agent, or both, in the State of Flori | da |
|---|---|--|------------------------|
| 1. The name of | the corporation: Friends of the | Fort Myers Library, Inc. | |
| 2. The principal | office address: 2450 First Stre | eet | |
| | Fort Myers, FI | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 2002 Oc | tober 28 Document number: N020000 | 08335 |
| | d street address of the current regis rtment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | he |
| | Ruth Emmel | | |
| | 273 Lakeside Drive | | |
| | North Fort Myers, Florida | 33903 | 14 FE SECR FALLY |
| 6. The name and (if changed): | d street address of the new register | ed agent (if changed) and /or registered office | SSE T |
| | Kaye Wallace | | E. File |
| | | Library, 2450 First Street | 24 1986 1986 |
| | Fort Myers, Florida 3390 | Box NOT acceptable | % |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its re | gistered agent, |
| Such change was | | dopted by its board of directors or by an office een notified in writing of the change. | cer so |
| Signati | ure of an officer or director | Robert Gibson, Treasurer Printed or typed name and title | |
| I further agree performance of agent. Or, if th | to comply with the provisions of a my duties, and I am familiar with | eent and agree to act in this capacity. all statutes relative to the proper and comple and accept the obligation of my position as to reflect a change in the registered office ac tified in writing of this change. | registered |
| Last. | Dellaro . | February 18, 2014 | |
| | nature of Registered Agent chalf of an entity: | Date | |
| Т | yped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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