

N03000009244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

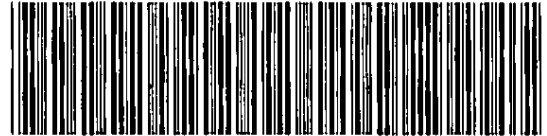
(Business Entity Name)

(Document Number)

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**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**TO:** Amendment Section  
Division of Corporations

2010 JUL -9 AM 11: 05

**SUBJECT:** Sarasota Orchid Society, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N03000009244

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:

Mary L. Stoner

Name of Contact Person

Sarasota Orchid Society

Firm/Company

5648 Country Lakes Drive

Address

Sarasota, FL 34243

City/State and Zip Code

laurissas@msn.com

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

For further information concerning this matter, please call:

Mary L. Stoner

Name of Contact Person

at ( 941 ) 358-8537

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: Sarasota Orchid Society, Inc.
2. The principal office address: C/O Ramsey Sadi, 105 Medici Terrace,  
Nokomis, FL 34275
3. The mailing address (if different): Sarasota Orchid Society  
P.O. Box 19895 Sarasota, FL 34276-2895
4. Date of incorporation/qualification: 21/20/2003 Document number: N03000009244
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)

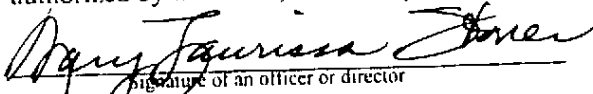
Pavlock, Dennis F  
790 Shadow Bay Way  
Osprey, FL 34229 US (resigned)

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

Hudson, Marta  
7980 Megan Hammock Way  
P.O. Box NOT acceptable  
Sarasota, FL 34240

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

Mary Laurissa Stoner

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

07/07/2018

Date

If signing on behalf of an entity:

Marta Hudson

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 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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