

NO4000000950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

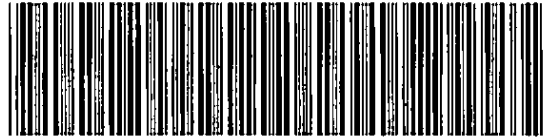
(Business Entity Name)

(Document Number)

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18 JUN -4 AM 8:49
SEATTLE
TALLAHASSEE, FLORIDA

Flachy
R. WHITE
JUN 05 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Coalition on Donation Inc.

Name of Corporation

DOCUMENT NUMBER: N04000000950

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:

Christopher Carroll

Name of Contact Person

Florida Coalition on Donation, Inc.

Firm/Company

480 Saturn Ave.

Address

Sarasota, FL 34243

City/State and Zip Code

carroll@kscadvpr.com

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

For further information concerning this matter, please call:

Christopher Carroll

Name of Contact Person

at (941) 356-9450

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

May 25, 2018

CHRISTOPHER CARROLL
480 SATURN AVE
SARASOTA, FL 34243

SUBJECT: FLORIDA COALITION ON DONATION, INC.
Ref. Number: N04000000950

We have received your document for FLORIDA COALITION ON DONATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 118A00011006

RECEIVED
18 JUN -4 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Florida Coalition on Donation, Inc.
2. The principal office address: 480 Saturn Ave., Sarasota, FL 34243
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/27/2004 Document number: N04000000950
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)

Christopher Carroll

480 Saturn Ave.

Sarasota, FL 34243

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

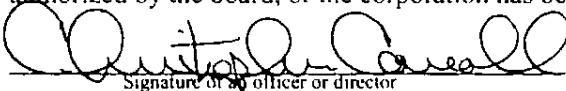
480 Saturn Ave.

P.O. Box NOT acceptable

Sarasota, FL 34243

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

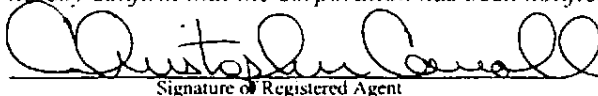
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Christopher Carroll, Executive 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 of Registered Agent

June 1, 2018

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

FILED
10 JUN -4 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA