N05000001686

(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

500113377275

12/26/07--01005--012 **35.00

FILED
2007 DEC 26 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Concerned Citizens of Tarpon Springs
(Name of Corporation)

DOCUMENT NUMBER: N05000001686

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:

Dory Larsen
(Name of Contact Person)

Concerned Citizens of Tarpon Springs
(Firm/Company)

1846 Lexington Pl.
(Address)

Tarpon Springs / FL / 34688
(City/State and Zip Code)

For further information concerning this matter, please call:

Dory Larsen at (727) 938-3177
(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: Concerned Citizens of Tarpon Springs, Inc.
2. The principal office address: 1846 Lexington Pl.
   Tarpon Springs, Fl 34688
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/14/05 Document number: N05000001686
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Celle Palm Ave.
   Tarpon Springs, FL 34689
   Sue Slattery

FILED
2007 DEC 26 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

   Dory Larsen
   1846 Lexington Pl.
   (P.O. Box NOT acceptable)
   Tarpon Springs, FL 34688

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.

Berlis F. Ennis — (Signature of an officer or director)

BERLIS F. ENNIS, TREASURER — (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.

Dory Larsen — (Signature of Registered Agent)

12/18/07 — (Date)

If signing on behalf of an entity:

Dory Larsen
(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 (8/05)