

ND5000004173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

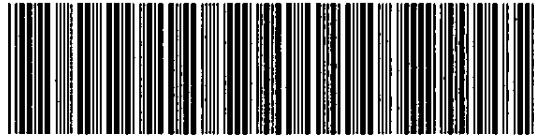
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAR -1 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

Roberts MAR 02 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2010

SUSAN G. CHAPMAN
AMAA METIS CHURCH
7405 N. SOCRUM LOOP RD LOT 38
LAKELAND, FL 33809

SUBJECT: AMERICAN ME'TIS ABORIGINAL ASSOCIATION CHURCH OF
THE ME'TIS TRIBE INC.
Ref. Number: N05000004173

We have received your document for AMERICAN ME'TIS ABORIGINAL ASSOCIATION CHURCH OF THE ME'TIS TRIBE INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The new registered agent must sign below, which is SUSAN CHAPMAN. Please complete block #4.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00004155

I do accept. Susan Chapman 2/25/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Metis Aboriginal Association, Church of the Metis Tribe, Inc.
Name of Corporation

DOCUMENT NUMBER: NO 500000 4173

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:

Susan G. Chapman

Name of Contact Person

AMAA Metis Church

Firm/Company

7405 N. Socrum Loop Rd. Lot 38

Address

Lakeland, Florida 33809

City/State and Zip Code

froghopper1948@yahoo.com

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

For further information concerning this matter, please call:

Susan Chapman

Name of Contact Person

at (863) 823-8690

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: American Metis Aboriginal Association Church of the Metis Tribe Inc.
2. The principal office address: 7405 N. Socrum Loop Rd, Lot 38, Lakeland, FL 33809

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-19-05 Document number: NO 5000004173

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)

Marsha Taylor
2115 Todd Rd.
Groveland, FL 34736

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

Susan Chapman
7405 N. Socrum Loop Rd, Lot 38
Lakeland, FL 33809

P.O. Box NOT acceptable

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.

Marsha Taylor
Signature of an officer or director

Marsha Taylor
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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.

Marsha Taylor
Signature of Registered Agent

2/12/10
Date

Susan Chapman
I am signing on behalf of an entity:

2/25/10

Marsha Taylor
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)

FILED
10 MAR - 1 PM 2:00
TALLAHASSEE, FLORIDA

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