

N05000006654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

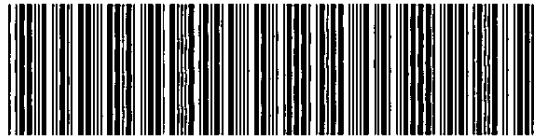
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*PA Change*

*08/19/09*

*DC*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Silver Springs Lions Club Foundation, Inc.  
Name of Corporation

DOCUMENT NUMBER: NO 500000 6645

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:

Paul Anderson  
Name of Contact Person

Firm/Company

1203 SE 49th Ave  
Address

Ocala FL 34411  
City/State and Zip Code

P9AMEXFLC@CFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Anderson at ( 352 ) 207-8970  
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: Silver Springs Lions Club Foundation, Inc.  
2. The principal office address: 5310 NE 24th St.  
Ocala, FL 34470  
3. The mailing address (if different): P.O. Box 242  
Silver Springs FL 34489.  
4. Date of incorporation/qualification: 06.28.2005 Document number: N05000006654  
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)

Deceased

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

PAUL ANDERSON

1203 SE 49th Ave.

P.O. Box NOT acceptable

Ocala, FL 34471

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Barbara West

Signature of an officer or director

Barbara West, Sec/Treas.

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.

Paul Anderson

Signature of Registered Agent

8/11/09

Date

If signing on behalf of an entity:

PAUL ANDERSON

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