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## **COVER LETTER**

SUBJECT: TAYLOR SENIOR CITIZENS CENTER, INC. (Name of Corporation) DOCUMENT NUMBER: N05000007772 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: Ruby G. Ellis (Name of Contact Person) Taylor Senior Citizens Center, Inc. (Firm/Company) 800 W Ash St. (Address) Perry, FL 32347 (City/State and Zip Code) For further information concerning this matter, please call: 850 ) 584-4924 (Area Code & Daytime Telephone Number) Ruby G. Ellis (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section **Street Address: Amendment Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu hange is submitted for a corporation organized under the laws of the State of <u>Fl</u> der to change its registered office or registered agent, or both, in the State of Florid	<u>orida</u>
	f the corporation: Taylor Senior Citizens Center, Incorporated	м.
2. The principal	al office address: 800 W Ash St Perry, FL 32347	
3. The mailing a	address (if different):	
4. Date of incorp	prporation/qualification: 7/29/05 Document number: N0500000	7772
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Bobbie G. Krebs	2000 OCT 24 SECRETARY
	1885 Boston Hwy.	CT 21
	Monticello, FL 32344	S R
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	8: 25
	Ruby G. Ellis	,
	3460 Azalea Dr. (P.O. Box NOT acceptable)	
	Perry, FL 32347	
_	lress of its registered office and the street address of the business office of its registered.	
Such change w authorized by t	was authorized by resolution duly adopted by its board of directors or by an offithe board, or the corporation has been notified in writing of the change.	
_au	duction of an officer or director)  Suc Euche 77  (Printed or typed name and little)	
Lhereby accept	pt the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby can be notified in writing of this change.	.t
July	Signature of Registered Agent) 10/13/08 (Date)	
If signing on be	behalf of an entity:	
	alkfisaldkfi (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