N05189

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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R.A. Change

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Osceola County 4-H Foundation, Inc. (Name of corporation)		
DOC	UMENT NUMBER: N05189		
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Joy A. Borgman		
	Joy A. Borgman (Name of contact person)		
	Osceola County Extension Service (Firm/Company)		
	(Firm/Company)		
	1921 Kissimmee Valley Lane		
	(Address)		
Kissimmee, FL 34744			
	(City/state and zip code)		
For fu	rther information concerning this matter, please call:		
Lor	etta M. Hunt at (321)697-3000		
	etta M. Hunt at (321)697-3000 (Name of contact person) (Area code & daytime telephone number)		
Enclos	sed 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 409 E. Gaines Street Tallahassee, FL 32399		

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

statement of ch	ange is submitted f	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida.
1. The name of	the corporation:	Osceola County 4-H Foundation, Inc.
2. The principal office address: 1921 Kissimmee Valley Lane		
·		Kissimmee, FL 34744
3. The mailing	address (if differen	t):_Same
4. Date of incor	poration/qualificat	ion: _09/17/1984 Document number: _N05189
	d street address of artment of State:	the current registered agent and registered office on file with the
	Cindy K.	Moore ===================================
	1921 Kiss	immee Valley Lane
	Kissimmee	, FL 34744
6. The name an (if changed):		immee Valley Lane , FL 34744 the new registered agent (if changed) and /or registered office
		immee Valley Lane
	1721 1350	(P.O. Box NOT acceptable)
	Kissimmee	, FL 34744
The street addras changed will	ess of its registered be identical.	d office and the street address of the business office of its registered agent,
Such change w authorized by t	as authorized by re he board, or the co	esolution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change.
Karella	ure of an officer or direct	Loretta M. Hunt, Treasurer (Printed or typed name and title)
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment of the comply with the firm duties, and I on the corporation that the corporation is being that the corporation.	ns registered agent and agree to act in this capacity. It provisions of all statutes relative to the proper and complete It provisions of all statutes relative to the proper and complete It familiar with and accept the obligation of my position as registered It is not filed merely to reflect a change in the registered office address, I It is on has been notified in writing of this change.
- Jog (S)	Snature of Registered Ag	$\frac{3-31-0.5}{\text{(Date)}}$
If signing on be	chalf of an entity:	
Osceola Co	ounty 4-H Foun	dation, Inc.
	Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *