

NO600000533



000210391510

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COME OUT WITH PRIDE
Name of Corporation

DOCUMENT NUMBER: N 06000000533

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:

GINA DUNCAN
Name of Contact Person

Firm/Company

23 S. OSCEOLA AV
Address

ORLANDO, FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

GINA DUNCAN at (321) 800 3945
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: COME OUT WITH PRIDE INC
2. The principal office address: 23 S. OSEOLA AVENUE
ORLANDO, FL 32801
3. The mailing address (if different): PO Box 536981
ORLANDO, FL 32853
4. Date of incorporation/qualification: 01/18/06 Document number: N06000000533
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)

MIKAEL FRANK AUDEBERT
100 S. EOLA DR #1602
ORLANDO, FL 32801

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

GINA L. DUNCAN
23 S. OSEOLA AV
P.O. Box NOT acceptable
ORLANDO, FL 32801

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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.

Gina L. Duncan
Signature of an officer or director

Gina L. Duncan President
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.

Gina L. Duncan
Signature of Registered Agent

Gina L. Duncan, Pres.
Date

If signing on behalf of an entity:

Come Out With Pride, Inc
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