

NO60000007535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

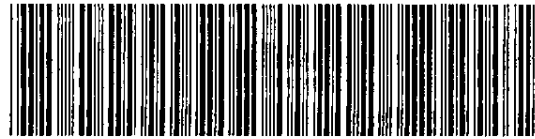
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300197232763

RA Address
Change

03/11/11--01019--024 **35.00

FILED
2011 MAR 11 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOR
2/14/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAVE OUR RURAL AREAS INC.
Name of Corporation

DOCUMENT NUMBER: N06000007535

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:

Melissa A. Norman
Name of Contact Person

Firm/Company

2331 NW 13th Place
Address

Gainesville, FL 32605
City/State and Zip Code

missyno@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Norman at (352) 335-4432
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: SAVE OUR RURAL AREAS INC.
2. The principal office address: 103 S.E. 175TH STREET
MICANOPY, FL 32667
3. The mailing address (if different): P.O. BOX 275
MICANOPY, FL 32667
4. Date of incorporation/qualification: 7-18-2006 Document number: N06000007535
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)

VICTORIA DUNN
7963 GARDEN DRIVE
ST. PETERSBERG, FL 33710

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

VICTORIA DUNN
18213 S.W. 1ST STREET
P.O. Box NOT acceptable
MICANOPY, FL 32667

FILED
2011 MAR 11 AM 9:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Victoria Dunn
Signature of an officer or director

Victoria Dunn, Sec.
Printed or typed name and title
Jerome W. Feaster V.P.

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.

Victoria Dunn
Signature of Registered Agent

2-21-11
Date

If signing on behalf of an entity:

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)