

NO6000008178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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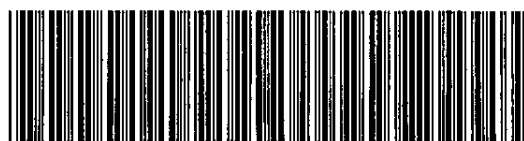
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 17 PM 2:13

C.L.
12-23-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Realtors Care Foundation of GTAR, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000008178

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:

Thomas O'Bryant, Jr.

Name of Contact Person

Realtors Care Foundation of GTAR, Inc.

Firm/Company

2918 W. Kennedy Blvd.

Address

Tampa, FL 33609

City/State and Zip Code

Thomas@GTAR.net

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

For further information concerning this matter, please call:

Thomas O'Bryant, Jr. at (813) 879-7010

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: Realtors Care Foundation of GTAR, Inc.
2. The principal office address: 2918 W. Kennedy Blvd., Tampa, Fl. 33609
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/03/ 2006 Document number: N06000008178
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)

Carol Austin

2918 W. Kennedy Blvd.

Tampa, Fl. 33609

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

Thomas O'Bryant, Jr.

2918 W. Kennedy Blvd.

P.O. Box NOT acceptable

Tampa, Fl. 33609

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 S. Jordan
Signature of any officer or director

Barbara S. Jordan, Director
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.

[Signature]
Signature of Registered Agent

12/12/14
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 (03/12)

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