

NO 7000005147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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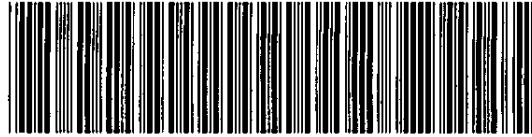
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

AUG 25 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZETAS EXCELLING THROUGH ACTION
Name of Corporation

DOCUMENT NUMBER: N07000005147

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:

GENEVIA M. GANO
Name of Contact Person

Firm/Company

430 WEKIVA RAPIDS DRIVE
Address

ALTAMONTE SPRINGS, FLORIDA 32714
City/State and Zip Code

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

For further information concerning this matter, please call:

GENEVIA M. GANO at (407) 774-6843
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2009

GENEVIA M GANO
430 WEKIVA RAPIDS DRIVE
ALTAMONTE SPRINGS, FL 32714-7546

SUBJECT: ZETAS EXCELLING THROUGH ACTION FOUNDATION, INC.
Ref. Number: N07000005147

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 609A00026001

RECEIVED
2009 AUG 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Zetas Excelling Through Action Foundation, Inc.
2. The principal office address: 430 Wekiva Rapids Drive
Altamonte Springs, FL 32714-7546
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: NO7000005147

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)

Genevia M. Cano
430 Wekiva Rapids Dr
Altamonte Springs, FL 32714

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

Lashonda Royal
1341 Kintla Road
P.O. Box NOT acceptable
Apopka, FL 32712

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Rosa S. Pickett
Signature of an officer or director

Rosa S. Pickett, Vice - Chairperson
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.

Lashonda Royal
Signature of Registered Agent

08/20/09
Date

If signing on behalf of an entity:

Lashonda Royal
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