

N07 00000 7459 <sup>(VIA)</sup>

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

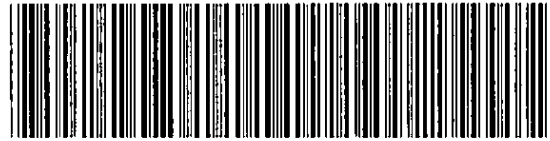
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dunedin Kiwanis Foundation, Inc.  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** N07000007459  
\_\_\_\_\_

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:

Joseph E Garrison  
\_\_\_\_\_  
Name of Contact Person  
Joseph E Garrison CPA PA  
\_\_\_\_\_  
Firm/Company  
Post Office Box 1221  
\_\_\_\_\_  
Address  
Dunedin FL 34697-1221  
\_\_\_\_\_  
City/State and Zip Code  
dunedincpa@gmail.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Joseph E Garrison \_\_\_\_\_ at ( 727 ) 535-2257  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Dunedin Kiwanis Foundation, Inc.

2. The principal office address: 416 Douglas Avenue Dunedin FL 34698-7602

3. The mailing address (if different): Post Office Box 1221 Dunedin FL 34697-1221

4. Date of incorporation/qualification: 07/30/2007 Document number: N07000007459

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)

Roman & Roman, PA
2274 SR 580
Clearwater FL 33763

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

Joseph E Garrison C.P.A. P.A.,
416 Douglas Avenue
Dunedin FL 34698-7602
P.O. Box NOT acceptable

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CORPORATIONS DIVISION
TALLAHASSEE, FL

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.

Stephanie Bessette
Signature of an officer or director

Stephanie Bessette
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.

Joseph E Garrison
Signature of Registered Agent

9/10/2024
Date

If signing on behalf of an entity:

Joseph E Garrison
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