

No7000007895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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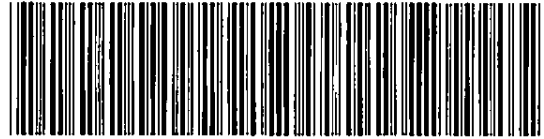
(Business Entity Name)

(Document Number)

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COVER LETTER TO:

Amendment Section Division of Corporations

SUBJECT: Name of Corporation: Florida Veterans for Common Sense Inc.

DOCUMENT NUMBER: N07000007895

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:

Name of Contact Person:

Gene Jones

Firm/Company Address City/State and Zip Code:

2483 Vaccaro Dr., Sarasota FL 34231

E-mail address: [FLVeterans@aol.com](mailto:FLVeterans@aol.com)  
(to be used for future annual report notification)

For further information concerning this matter, please call at (941-400-4156 )

Name of Contact Person Gene Jones

Area Code & Daytime Telephone Number: (941) 400- 4156

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

CR2E045 (04/13) 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: Florida Veterans For Common Sense Inc.

2.The principal office address: 2483 Vaccaro Dr., Sarasota, FL 34231

3.The mailing address (if different):

4.Date of incorporation/qualification: 08/10/2007

Document number: N07000007895

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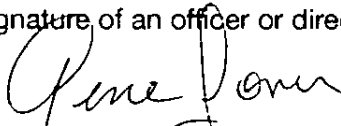
5.The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gene Jones, 356 Island Cir., Sarasota, FL 34242

6.The name and street address of the new registered agent (if changed) and /or registered office (if changed): P.O. Box NOT acceptable 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.

Gene Jones, 2483 Vaccaro Dr., Sarasota, FL 34231

Signature of an officer or 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 of Registered Agent Date If signing on behalf of an entity:

Typed or Printed Name:

Gene Jones

\*\*\* 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  
(04/13)