

N070000009399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

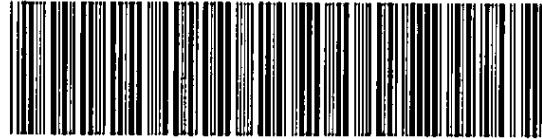
(Business Entity Name)

(Document Number)

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SECRETARY OF
TREASURY
WASHINGTON, DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crime Stoppers of Columbia County
Name of Corporation

DOCUMENT NUMBER: N07000009399

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:

Clint Dicks

Name of Contact Person

Crime Stoppers of Columbia County

Firm/Company

4917 US Hwy 90 East

Address

Lake City Florida 32055

City/State and Zip Code

clintdicks@columbiacrimestoppers.net

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

For further information concerning this matter, please call:

Clint Dicks

Name of Contact Person

at (386)

623-6739 or 754-3949

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: Crime Stoppers of Columbia County
2. The principal office address: 4917 US Hwy 90 East Lake City Florida 32055
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July of 2007 Document number: N07000009399
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)

Cindy Innocenti

4917 US Hwy 90 East Lake City Fl. 32055

resigned

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

Clint Dicks

4917 US Hwy 90 East Lake City Fl. 32055

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 authorized by the board, or the corporation has been notified in writing of the change.

Cindy Innocenti

Signature of an officer or director

Cindy Innocenti

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.

Clint Dicks

Signature of Registered Agent

6-25-21

Date

If signing on behalf of an entity:

Clint Dicks

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 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL
2021 JUN 30 AM 5:56

2021 JUN 30 AM 11:45