

NON DUPLICATE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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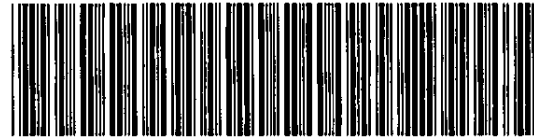
(Business Entity Name)

(Document Number)

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R. Whit

OCT 26 2016

R. WHIT

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16 OCT 21 AM 10:24
SECTION 1
TAMPA, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ART-BREAKERS, ARTISTS FOR THE CAUSE, INC.
Name of Corporation

DOCUMENT NUMBER: N07000011288

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:

MAXINE S. MCCHESNEY

Name of Contact Person

MCCHESNEY LAW FIRM, P.A.

Firm/Company

100 ISLAND COTTAGE WAY, STE 200 D

Address

ST. AUGUSTINE, FL 32080

City/State and Zip Code

MAXINE@MCCHESNEYLAWFIRM.COM

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

For further information concerning this matter, please call:

MAXINE S. MCCHESNEY at **904 770-5068**

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: ART-BREAKERS, ARTISTS FOR THE CAUSE, INC.
2. The principal office address: 100 ISLAND COTTAGE WAY, SUITE 200 D, ST. AUGUSTINE, FL 32080

3. The mailing address (if different): P.O. BOX 840012, ST. AUGUSTINE, FL 32080

4. Date of incorporation/qualification: 11/21/2007 Document number: N07000011288

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)

PIER FITTS

217 DESOTO ROAD

ST. AUGUSTINE, FL 32080

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

MAXINE S. MCCHESENEY

100 ISLAND COTTAGE WAY, SUITE 200 D

P.O. Box NOT acceptable

ST. AUGUSTINE, FL 32080

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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.

Maxine S. McCheaney
Signature of an officer or director

MAXINE S. MCCHESENEY

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.

Maxine S. McCheaney
Signature of Registered Agent

10/12/16
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)