

N07854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

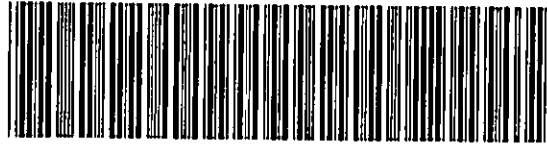
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY COOPERATIVE, INC
Name of Corporation

DOCUMENT NUMBER: N07854

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:

Blair Fretwell
Name of Contact Person
Community Cooperative, Inc.
Firm/Company
3429 DR MARTIN L KING JR BLVD.
Address
FORT MYERS, FL 33916
City/State and Zip Code
Blair@communitycooperative.com

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

For further information concerning this matter, please call:

Blair Fretwell at (239) 332-7687
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: COMMUNITY COOPERATIVE, INC
- 2. The principal office address: 3429 DR MARTIN L KING JR. BLVD.
FORT MYERS, FL 33916
- 3. The mailing address (if different): N/A
- 4. Date of incorporation/qualification: 2/26/1981 Document number: N07854
- 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)

GALLOWAY, TRACEY U
1344 SHEFFIELD WAY
FORT MYERS, FL 33919

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

EDWARDS, STEFANIE
1546 RICARDO AVE
P.O. Box NOT acceptable
FORT MYERS, FL. 33901

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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.

Blair Fretwell
 Signature of an officer or director

BLAIR FRETWELL, CFO
 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]
 Signature of Registered Agent

06/23/2021
 Date

If signing on behalf of an entity:

STEFANIE EDWARDS
 Typed or Printed Name

***** FILING FEE: \$35.00 *****