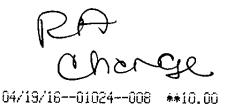
N0900001260

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL ·
(Business Entity Name)		
(D-		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

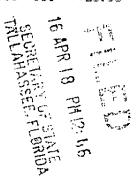




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March 30, 2016

Shannon Orlandini P.O. Box 2326 Ft. Myers Beach, FL 33931

SUBJECT: FORT MYERS BEACH LITTLE LEAGUE, INC.

Ref. Number: N09000001260

We have received your document for FORT MYERS BEACH LITTLE LEAGUE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 716A00006514

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Fort Myers Beach Little League Finc. Name of Corporation
DOCUMENT NUMBER: NO 90000 0 12 60
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:
Shannon Orlandini Name of Contact Person Fort Myers Beach L. H/e League Inc. Firm/Company
Fort Myers Beach, F1 33931 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Curl Pickett at (239) 834-9157 Name of Contact Person Area Code & Daytime Telephone Number
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Fort Myers Beach L. He League, The.
2. The principal office address: 281 Palermo Cir.
Fort Myer: Beach, FL 33931
3. The mailing address (if different): Po. Box 2326
For + Myers Beack, F1 33931 4. Date of incorporation/qualification: 2/6/2009 Document number: N0900001260
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)
Corporation Services Co.
1201 Hays St
Tallahassee FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed):
281 Palerno Cic
Fort Myers Beach FL 33931
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.
Signature of an officer or director Curt Pickett, - Treasurer 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.
Xhanna (Wandiw 4/12/16) Signature of Registered Agent
If signing on behalf of an entity:
Shannon O-landini Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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