

N090000002530

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STANDING TAIL FOR VETERANS, INC
Name of Corporation

DOCUMENT NUMBER: N09000002530

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:

CHARLES BENNETT
Name of Contact Person

STANDING TAIL FOR VETERANS INC
Firm/Company

PO Box 221
Address

DADE CITY FL 33526-0221
City/State and Zip Code

CSB53TAVETS @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Bennett at (352) 238 3148
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: STANDING TAIL FOR VETERANS, INC.
2. The principal office address: 35140 WHISPERING OAKS BLVD
DADE CITY FL 33523
3. The mailing address (if different): PO BOX 221
DADE CITY FL 33526-0221
4. Date of incorporation/qualification: 03/12/2009 Document number: N09000002530
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)

NICK SPRADLIN - THE LAW OFFICES OF NICK SPRADLIN PLLC
12000 NORTH DALE MABRY HWY SUITE 110
TAMPA FL 33618

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

CHARLES BENNETT
35140 WHISPERING OAKS BLVD
P.O. Box NOT acceptable
DADE CITY FL ~~33526-02~~ 33523

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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.

Charles S. Bennett
Signature of an officer or director

CHARLES S. BENNETT PRES.
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.

Charles S. Bennett
Signature of Registered Agent

3/21/12
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 (8/05)