

N090000008294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

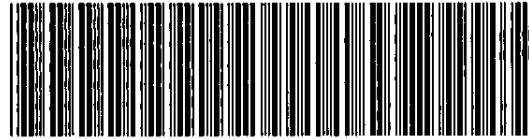
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000215138660

12/16/11--01006--014 **35.00

FILED
2011 DEC 16 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBrown 12-16-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Freethought Film Festival Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: NO9000008294

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:

Andrea Steele
Name of Contact Person

Freethought Film Festival Foundation, Inc.
Firm/Company

204 E. South St. Unit 5052
Address

Orlando, FL 32801
City/State and Zip Code

andrea.steele@freethoughtfilmfest.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Steele at (813) 766-1717
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: Freethought Film Festival Foundation, Inc.
2. The principal office address: 204 E. South Street, Suite 5052,
Orlando, Florida 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/24/09 Document number: ND 9000008294
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)

Andrea Steele
1749 Kirtley Dr.
Brandon, FL 33511

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

Andrea Steele
204 E. South St., Suite 5052
P.O. Box NOT acceptable
Orlando, Florida 32801

FILED
2011 DEC 16 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

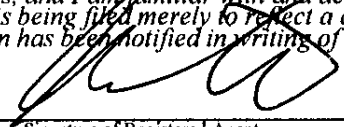
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Andrea Steele / Chairperson
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 of Registered Agent

12/14/11
Date

If signing on behalf of an entity:

Andrea Steele
Typed or Printed Name

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