## 109000008865

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Fort Caroline Archers. INC Name of Corporation
DOCUMENT NUMBER: N 090000 8865
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:
DAN RITTER  Name of Contact Person
Fort Caroline Archers. INC Firm/Company
11478 Fort Caroline Ro
Jackson Villo, FL 32225 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAN RIHER at (904) 219-8398  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

**Clifton Building** 

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

*Pursitant 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.
1. The name of the corporation: Fort Caroline Archers. Inc.  2. The principal office address: 11478 Fort Caroline Rd, Jacksonville,  Florida, 32225
3. The mailing address (if different):
4. Date of incorporation/qualification: 9-10-2009 Document number: NO 900000 8865
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)  Resigned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Daniel J. Riffer,  201 Lige Branch Lane P.O. Box NOT acceptable  Jacksonville, Florida 32259
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.  MIKE Shea - resident  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  Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
05)

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