

N10000002986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

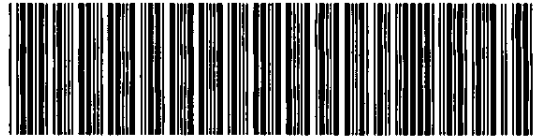
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/14--01009--002 **35.00

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change

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2014 FEB 24 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
2/24/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mother Goose Adoptions of FL Inc

Name of Corporation

DOCUMENT NUMBER: N10000002986

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:

Deb Okane

Name of Contact Person

MGA

Firm/Company

15029 N Thompson Peak Pkwy

Address

Scottsdale AZ 85260

City/State and Zip Code

deb@mothergooseadoptions.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mother Goose Adoptions of FL Inc
2. The principal office address: 327 W Alfred St Tavares, FL 32778
3. The mailing address (if different): 15029 n Thompson Peak Pkwy 111-514 Scottsdale, AZ 85260
4. Date of incorporation/qualification: 2010 Document number: N10000002986
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)

Dawn Wright

813 KINGSWOOD PL BRANDON, FL 33511

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

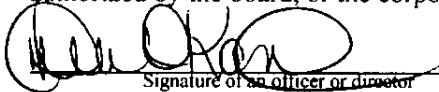
Dawn Wright

1606 S St Cloud Valrico, FL 33594

P.O. Box NOT acceptable

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

Deborah OKane President

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

02/19/2014

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 (03/12)

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TALLAHASSEE, FLORIDA