

110000006761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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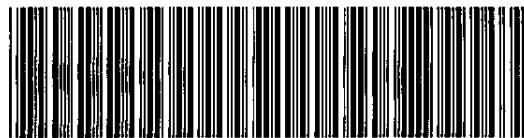
(Business Entity Name)

(Document Number)

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DATE 09/27/11 BY TC

RAPO
9/27/11
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Central Florida Pigeon Fanciers Association
Name of Corporation Inc.

DOCUMENT NUMBER: N10000006761

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:

Sheri Daar

Name of Contact Person

North Central Florida Pigeon Fanciers Ass.
Firm/Company Inc.

750 Woodlands Terrace

Address

Lake City Florida 32055

City/State and Zip Code

bkz11@hotmail.com

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

For further information concerning this matter, please call:

Sheri Daar

Name of Contact Person

at 386 961-0010

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: North Central Florida Ageon Kancers Ass.
2. The principal office address: 750 Woodlands Terrace
Lake City Florida 32055
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: N100000006761
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)

ROBERT V. BUDDEN
7194 NE HWY 326
SILVER SPRINGS FL 34488

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

PATRICIA GRAZIANO
5296 NE 64 AVENUE
SILVER SPRINGS, FL 34488

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.

H. V. Budden
Signature of an officer or director

ROBERT V BUDDEN
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.

Patricia Graziano
Signature of Registered Agent

5/22/11
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)