

N100000007127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2011

Elizabeth Gessner  
19 Hope St  
St Augustine, FL 32084

SUBJECT: TOLOMATO CEMETERY PRESERVATION ASSOCIATION INC.  
Ref. Number: N10000007127

We have received your document for TOLOMATO CEMETERY PRESERVATION ASSOCIATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 511A00023458

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*10-21-2011*  
*signed the document as the registered agent,*

*Elizabeth Gessner*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tolomato Cemetery Preservation Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N10000007127

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:

Elizabeth Gessner  
Name of Contact Person

Firm/Company

19 Hope St.  
Address

St Augustine, FL 32084  
City/State and Zip Code

board@tolomatocemetery.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Gessner at ( 904 ) 347-7782  
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: Tolomato Cemetery Preservation Association Inc.
2. The principal office address: 19 Hope St.  
St Augustine, FL 32084
3. The mailing address (if different): P.O. Box 783  
St Augustine, FL 32085
4. Date of incorporation/qualification: July 28, 2010 Document number: N10000007127
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)

Elizabeth Gessner

31 Aviles St.

St Augustine, FL 32084

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

Elizabeth Gessner

19 Hope St.

P.O. Box NOT acceptable

St Augustine, FL 32084

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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.

Janet M Jordan  
Signature of an officer or director

JANET M. JORDAN TREASURER  
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]  
Signature of Registered Agent

October 21, 2011  
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)