

n1000011871

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 2017

T. LEMUEUX

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eau Gallie Crls District Main Street Inc.
Name of Corporation

DOCUMENT NUMBER: N 10000011871

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:

Lisa C. Packard
Name of Contact Person

Eau Gallie Arts District Main Street Inc
Firm/Company

PO Box 360564 Melbourne FL 32936
Address

City/State and Zip Code _____

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

For further information concerning this matter, please call:

Lisa C Packard at (321) 543 0638
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2017

LISA C PACKARD
P.O. BOX 360564
MELBOURNE, FL 32936

SUBJECT: EAU GALLIE ARTS DISTRICT MAIN STREET, INC.
Ref. Number: N10000011871

We have received your document for EAU GALLIE ARTS DISTRICT MAIN STREET, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 617A00014917

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17 AUG -7 PM 4:37
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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: Eau Gallie Arts District Main Street Inc.
2. The principal office address: PO Box 360564
Melbourne FL 32936
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/1/2011 Document number: N10000011871
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):

Lisa C. Packard
587 W. Eau Gallie Blvd #100
Melbourne FL 32935
P.O. Box NOT acceptable

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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.

Lisa C. Packard
Signature of an officer or director

Lisa C. Packard
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.

Lisa C. Packard
Signature of Registered Agent

July 17, 2017
Date

If signing on behalf of an entity:

Lisa C. Packard
Typed or Printed Name

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

already paid