

N10130

(Requestor's Name)

(Address)

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(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Botanical Gardens of Volusia, Inc
Name of Corporation

DOCUMENT NUMBER: N10130

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:

Ellen McGrory

Name of Contact Person

Botanical Gardens of Volusia, Inc

Firm/Company

P O Box 214747

Address

Port Orange, FL 32129-4747

City/State and Zip Code

dunlawtonsugarmillgardens.org

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

For further information concerning this matter, please call:

Ellen McGrory

Name of Contact Person

at (386) 767-0620

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Botanical Gardens of Volusia, Inc

2. The principal office address: 950 Sugar Mill Rd., Port Orange, FL 32129

3. The mailing address (if different): P O Box 214747, Port Orange, FL 32129-4747

4. Date of incorporation/qualification: July 9, 1985 Document number: N10130

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 Gilpartick (deceased)
878 Lemon Street
South Daytona, FL 32119

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

Ellen McGrory
950 Old Sugar Mill Rd
Port Orange, FL 32129
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.

Jennie Taylor
Signature of an officer or director

Jennie Taylor, 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.

Ellen McGrory
Signature of Registered Agent

5/12/2021
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

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TALLAHASSEE, FL