

N110000001661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nassau County School Nutrition Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000001661

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:

Kathie A. Spivey
Name of Contact Person

Nassau County School Nutrition Association, Inc.
Firm/Company

1201 Atlantic Avenue
Address

Fernandina Beach, FL 32034
City/State and Zip Code

spiveyka@nassau.k12.fl.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathie A. Spivey at 904 225-5644
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: Nassau County School Nutrition Association, Inc.
2. The principal office address: 1201 Atlantic Avenue
Fernandina beach, FL 32034
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/9-/2011 Document number: N11000001661

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)

Jenny Carter-Nye
1201 Atlantic Avenue
Fernandina Beach, FL 32034

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

Kathie Ann Spivey

1201 Atlantic Avenue

P.O. Box NOT acceptable

Fernandina Beach, FL 32034

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.

Kathie Ann Spivey, Treasurer Kathie Ann Spivey, Treasurer
Signature of an officer or director 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.

Kathie Ann Spivey
Signature of Registered Agent

9-16-2013
Date

If signing on behalf of an entity:

Kathie Ann Spivey
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)