

N 11000005134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

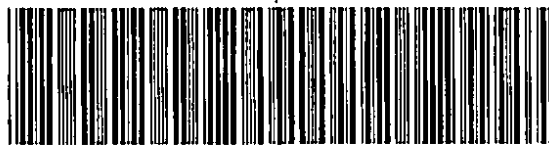
(Business Entity Name)

(Document Number)

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JAN 10 2018

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TAMPA, FL 33602

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Edible Peace Patch Project, Inc.  
Name of Corporation

DOCUMENT NUMBER: N11000005134

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:

Catherine Speroni

Name of Contact Person

The Edible Peace Patch Project, Inc.

Firm/Company

233 3rd Street N., Ste. 203

Address

St. Petersburg, FL 33701

City/State and Zip Code

catherine@peacepatch.org

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

For further information concerning this matter, please call:

Catherine Speroni

Name of Contact Person

at ( 727 ) 543-0495

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: The Edible Peace Patch Project, Inc.
2. The principal office address: 233 3rd Street N., Ste. 203,  
St. Petersburg, FL 33701
3. The mailing address (if different): P.O. Box 956  
St. Petersburg, FL 33701
4. Date of incorporation/qualification: 05/26/2011 Document number: N11000005134
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)

Sherry Howard

233 3rd Street N., Ste. 203

St. Petersburg, FL 33701

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

Loretta Monroe Calvin

233 3rd Street N., Ste. 203

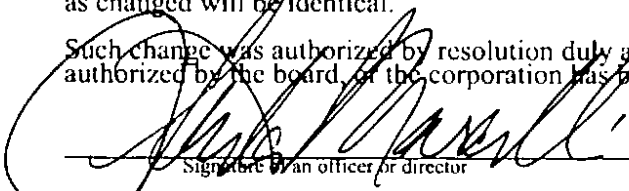
P.O. Box NOT acceptable

St. Petersburg, FL 33701

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

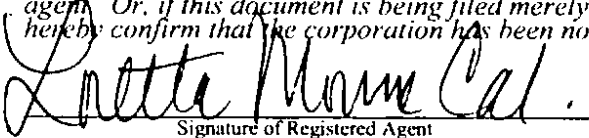
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Linda Marcelli, Board Chairperson

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 of Registered Agent

12/14/17  
Date

If signing on behalf of an entity:

Loretta Monroe Calvin

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