

N 11000005375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Ra change

**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: Friends of the Lauderdale Lakes Library, Inc.
2. The principal office address: 3580 West Oakland Park Blvd; Lauderdale Lakes, FL 33311
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 15, 2011 Document number: N11000005375
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: John H. Gore

4401 NW 41st Street; #203

Lauderdale Lakes, FL 33319

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

President: June Reid

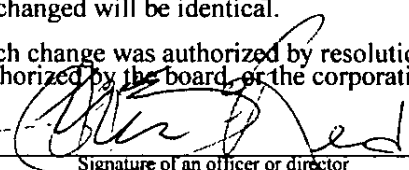
3580 West Oakland Park Blvd

P.O. Box NOT acceptable

Lauderdale Lakes, FL 33311

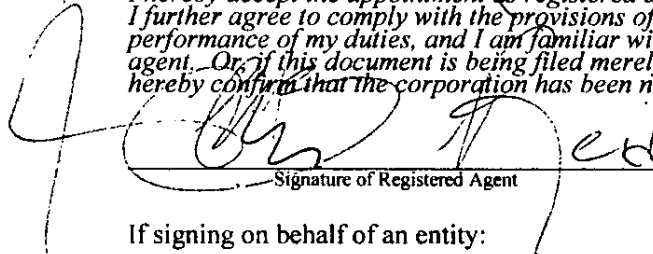
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

June Reid, President

\_\_\_\_\_  
Printed or typed name and title

  
\_\_\_\_\_  
Signature of Registered Agent

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.

November 8, 2014

\_\_\_\_\_  
Date

If signing on behalf of an entity:

June Reid

\_\_\_\_\_  
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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