

N11D000008189

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GCSO Charities, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000008189

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:

Michael A Harrison

Name of Contact Person

Gulf County Sheriff's Office

Firm/Company

PO Box 970

Address

Port St. Joe, FL 32456

City/State and Zip Code

mharrison@gcso.fl.gov

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

For further information concerning this matter, please call:

Sonya Todd

Name of Contact Person

at (850) 227-1115

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

