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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	ļ.
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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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: GCSO Charities, Inc. office address: 418 Cecil G. Costin, Sr. Blvd.
	oe, FL 32456 US
	Joe, FL 32456
4. Date of incorp	poration/qualification: 08/29/2011 Document number: N11000008189
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Harrison, Michael A
	1000 Cecil G. Costin, Sr. Blvd.
	Port St. Joe, FL 32456 US
6. The name and (if changed):	Port St. Joe, FL 32456 US  I street address of the new registered agent (if changed) and /or registered office.
	Harrison, Michael A  418 Cecil G. Costin, Sr. Blvd.
	418 Cecil G. Costin, Sr. Blvd.
	P.O. Box NOT acceptable @17%
	Port St. Joe, FL 32456
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so lie board, or the corporation has been notified in writing of the change.
	Margaret Mathis
•	the appointment as registered agent and agree to act in this capacity.
I further aoree i	o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Micho	A Harrian 9-17-18 nature of Registered Agent Date
	half of an entity:
Ty	ped or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*