

711000009443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 26 2013

TELEMEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Humanist Association

Name of Corporation

DOCUMENT NUMBER: N11000009443

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:

James Peterson

Name of Contact Person

Tampa Humanist Association

Firm/Company

6814 Charlotte Harbor Way

Address

Tampa, FL 33625

City/State and Zip Code

jim@suncoasthumanist.com

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

For further information concerning this matter, please call:

Jim Peterson

Name of Contact Person

at (813) 531-8138

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2013

JAMES PETERSON
6814 CHARLOTTE HARBOR WAY
TAMPA, FL 33625

(413) 531-8138

SUBJECT: TAMPA HUMANIST ASSOCIATION, INC.
Ref. Number: N11000009443

We have received your document for TAMPA HUMANIST ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please have the officer/director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 613A00003416

RECEIVED
13 FEB 25 AM 8:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Tampa Humanist Association, Inc.
2. The principal office address: 2229 MARSH VIEW DRIVE, UNIT 101
Wesley Chapel, Florida 33544
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-05/2011 Document number: N11000009443
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)

Robert Byrch (Deceased 8/01/2012)

2229 MARSH VIEW DRIVE, UNIT 101

Wesley Chapel, FL 33544

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

James Peterson

6814 Charlotte Harbor Way

P.O. Box NOT acceptable

Tampa FL 33625

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13 FEB 25 PM 4:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

President Pro Tem

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

February 7th, 2013

Date

If signing on behalf of an entity:

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