

# N11804

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

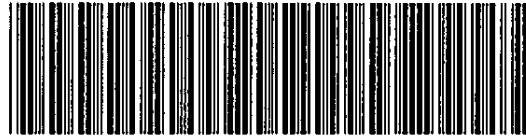
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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13 OCT 15 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
OCT 22 2013  
EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ARTS ASSOCIATION OF ALACHUA COUNTY, INC.  
Name of Corporation

DOCUMENT NUMBER: N 11804

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:

NORMA M. HOMAN

Name of Contact Person

ARTS ASSOCIATION OF ALACHUA COUNTY

Firm/Company

1500 NW 34th Way

Address

Gainesville FL 32605

City/State and Zip Code

NORMA.HOMAN@gmail.com

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

For further information concerning this matter, please call:

NORMA HOMAN

Name of Contact Person

at ( 352 ) 378-9166

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: Arts Association of Alachua County, Inc.  
2. The principal office address: 1500 NW 36 Way  
Gainesville, FL 32605  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/30/1985 Document number: N11804

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)

CRAPO, ED.  
RT. 2, BOX 524  
MICANOPY, FL 32667 US

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

NORMAN HOMAN  
1500 NW 36th Way  
P.O. Box NOT acceptable  
Gainesville, FL 32605

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SECRETARY OF STATE  
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FILED

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.

Norma M. Homan  
Signature of an officer or director

NORMA M. HOMAN, TREASURER  
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.

Norma M. Homan  
Signature of Registered Agent

10/6/13  
Date

If signing on behalf of an entity:

NORMA M. HOMAN  
Typed or Printed Name

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