N11835

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PICK-UP	☐ WAIT	MAIL		
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· (Do	cument Number)	_		
Certified Copies	Certificates	s of Status		
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C Kinse,

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Mainsail Art Festival, Inc.					
Name of Corporation					
DOCUMENT NUMBER: N11835					
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:					
Cathy Hakes					
Name of Contact Person					
Mainsail Art Festival					
Firm/Company					
717 Luther Palmer Rd					
Address					
Cleveland, GA 30528					
City/State and Zip Code					
hakesc@yahoo.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Cathy Hakes	9				
	e & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
Amendment Section Amen Division of Corporations Division P.O. Box 6327 Clifto	Address: adment Section ion of Corporations on Building				
Tallahassee, FL 32314 2661	Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha in orde	nge is submitted for a corporation or r to change its registered office or re	0502, 607.1508, or 617.1508, Florida Stati ganized under the laws of the State of Flori gistered agent, or both, in the State of Flori	da		
1. The name of t	he corporation. Mainsail Art Fe	stival, Inc.			
2. The principal	office address: 147 2nd Ave. S	o. St. Petersburg, FL 33701	(NEW)		
3. The mailing a	ddress (if different): 717 Luther	Palmer Rd Cleveland, GA 3052	28		
		1, 1985 Document number: N11835			
5. The name and Florida Depar	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with t igned)	he		
	Bridget Nickens (Resigned	d)	20		
	2701 70 Ave. So. Ste 300) ACK			
	St. Petersburg, FL 33712	AHA	82 HNF 6102		
6. The name and street address of the new registered agent (if changed) and /or registered of the first (if changed):					
	Jane Link Ferguson	[T ₁	0		
	147 2nd Ave So.				
	P.O. Box NOT acceptable				
	St. Petersburg, FL 33701				
as changed will	be identical.	reet address of the business office of its re			
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an offin notified in writing of the change.	cer so		
Jane J	Tuk Sir usin	Cathy Hakes, Treasurer			
I hereby accept I further agree i performance of	the appointment as registered agen to comply with the provisions of all	t and agree to act in this capacity statutes relative to the proper and comple nd accept the obligation of my position as reflect a change in the registered office a	registereu		
Can	the Hahes	6/18/2019			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Cathy Hake					
T	yped or Printed Name				

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