

N 11849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

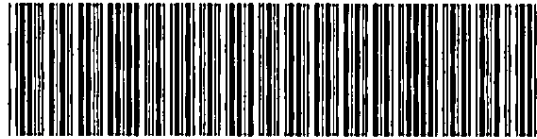
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TALLAHASSEE, FL 323

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOBE SOUND FINE ARTS LEAGUE, INC  
Name of Corporation

**DOCUMENT NUMBER:** N11849

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:

Loretta McCarthy

Name of Contact Person

Hobe Sound Fine Arts League, Inc.

Firm/Company

8879 SE Bridge Rd.

Address

Hobe Sound, Florida 33455

City/State and Zip Code

hobesoundartists@att.net

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

For further information concerning this matter, please call:

Loretta McCarthy

Name of Contact Person

at (561) 685-1795  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Hobe Sound Fine Arts League, Inc
2. The principal office address: 8879 SE Bridge Rd. Hobe Sound, Florida 33455
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/01/85 Document number: N11849
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)

Margaret Scott

8851 SE Soundings Place

Hobe Sound, FL 33455 Resigned (passed away)

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

Loretta McCarthy -HSFAL

8879 SE Bridge Rd

P.O. Box NOT acceptable

Hobe Sound, FL 33455

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.

Donna G. Baker  
Signature of an officer or director

DONNA G. BAKER  
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.

Loretta McCarthy  
Signature of Registered Agent

2-11-22  
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  
CR2E045 (04/13)

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