

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP		
(Bu	isiness Entity Name	2)
	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:]
	Office Use Only	



03/07/17--01012--007 ++35.06



C. GOLDE™ SEP 1 3 2017

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Gainesville High Quarterback Club

Name of Corporation

DOCUMENT NUMBER: N1200004537

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:

Patty Cox

Name of Contact Person

Firm/Company

2075 NW 20th Lane

Address

Gainesville, FI 32605

City/State and Zip Code

patty.cox2622@gmail.com

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

For further information concerning this matter, please call:

Patty Cox

Name of Contact Person

352 ,494-0395

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

1. The name of	the corporation: Gainesville High Quarterback Club Inc.			
2. The principal	l office address: 1900 NW 13th Street			
	ille, FL 32609			
3. The mailing a	address (if different): 2075 NW 20th Lane			
Gaines	sville, Fl 32605			
4. Date of incor	rporation/qualification: 2013. Document number: N12000004537			
5. The name and	05/04/2012 ad street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)			
	Lori McGriff (resigned)			
	2457 NW 12th Place			
	Gainesville, FI 32605			
6. The name and street address of the new registered agent (if changed) and /or registered office \overrightarrow{x} \overrightarrow{x} (if changed):				
	Patty Cox			
	2075 NW 20th Lane			
P.O. Box NOT acceptable				
	Gainesville, Fl 32605			
The street addrease changed will	ress of its registered office and the street address of the business office of its registered agent I be identical.	•		
C 1. 1	(a) shall be a set to all a distance dense that the two designs of all an example the set of the			

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.

of an officer or director gnature.

Patty Cox/President

Printed or typed name and title

Date

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 confirmition the corporation has been notified in writing of this change.

Signature of Registered

09/05/17

If signing on behalf of an entity:

Patty Cox

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 (03/12)