

N120000006942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800252112538

09/30/13--01012--011 **35.00

FILED
13 SEP 30 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 4 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **HASLMS**

Name of Corporation

DOCUMENT NUMBER: **N12000006942**

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:

Diana Rendina

Name of Contact Person

HASLMS

Firm/Company

1125 W Spruce St.

Address

Tampa, FL 33607

City/State and Zip Code

diana.rendina@sdhc.k12.fl.us

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

For further information concerning this matter, please call:

Diana Rendina

Name of Contact Person

at **813 276-5691**

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.

HILLSBOROUGH ASSOCIATION OF SCHOOL LIBRARY MEDIA SPECIALISTS, INC

2. The principal office address: 1125 W Spruce St. Tampa, FL 33607

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2012 Document number: N12000006942

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)

SANFORD, BLAIN
15955 N. FLORIDA AVE
SUITE 101
LUTZ, FL 33549 US

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

Diana Rendina
1125 W Spruce St.
P.O. Box NOT acceptable
Tampa, FL 33607

FILED
13 SEP 30 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Diana Rendina, president

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

Date

If signing on behalf of an entity:

Diana Rendina

Typed or Printed Name

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