

N12162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

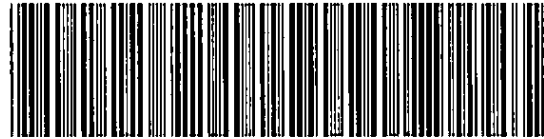
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRIENDS of BARTON Trail Library INC.
Name of Corporation

DOCUMENT NUMBER: N12162

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:

JOSEPH L. WARNER
Name of Contact Person

TREASURER, FRIENDS of BARTON Trail Library INC.
Firm/Company

600 DAVIS POND Blvd.
Address

FAIRBANK COVE FL. 32259
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
CRANEDALE GROUP@hotmail.com

For further information concerning this matter, please call:

JOSEPH L. WARNER at 904, 400-2093
Name of Contact Person 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



2021 NOV 30 PM 10:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2021

JOSEPH L. WARNER
60 DAVIS POND BLVD
FRUIT COVE, FL 32259

SUBJECT: FRIENDS OF BARTRAM TRAIL LIBRARY, INC.
Ref. Number: N12162

We have received your document for FRIENDS OF BARTRAM TRAIL LIBRARY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

You can not file articles of correction to correct an annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 721A00023883

**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: FRIENDS of the BARTON Trail Library INC
2. The principal office address: 60 DAVIS POND BLVD Fruit Cove FL 32259

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N12162

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)

BECK, MAUR BETH
60 DAVIS POND BLVD,
FRUIT COVE, FL 32259

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

JOSEPH L. WARNER
60 DAVIS POND BLVD
FRUIT COVE FL 32259
P.O. Box NOT acceptable

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]
Signature of an officer or director

JOSEPH L. WARNER, 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.

[Signature]
Signature of Registered Agent

OCT. 30/2021
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)