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R. WHITE

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
	SAFER Indian River County, Inc.				
SUBJ	ECT:Name of Corporation				
	N13000001522				
DOC	UMENT NUMBER:				
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Eve Ballance, SAFER Secretary				
Name of Contact Person					
SAFER Indian River County, INC					
Firm/Company					
	1836 14th Ave				
	Address				
Vero Beach, FL 32960					
	City/State and Zip Code				
	dalejustice@icloud.com				
	E-mail address: (to be used for future annual report notification)				
	rther information concerning this matter, please call:				
Eve	Ballance, SAFER IRC Secretary 772 567-8900				
	Name of Contact Person at (				
Enclo	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section  Street Address: Amendment Section				
Amendment Section Amendment Section Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle				
	Tallahassee, FL 32301				

METERMINE	BOTH FOR	CORPORATIONS	HAD AUDINA OR
statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Fi n organized under the laws of the Sta registered agent, or both, in the Sta	ate of Florida
1 The name of	ha companion: SAFER INDIA!	N RIVER COUNTY, INC.	
<ol> <li>The name of t</li> <li>The principal</li> </ol>	1836 14th Ave	Vero Beach, FL 32960	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification:	Document number: N	13000001522
	tment of State: (If resigned, enter	stered agent and registered office on resigned)	file with the
	resigned		
6. The name and (if changed):		ed agent (if changed) and /or registe	SECRETARIAS
	——————————————————————————————————————		
	1836 14th Ave		
	Vero Beach, Fl 32960	Box NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business offic	e of its registered agent,
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or een notified in writing of the chang	by an officer so ge.
7 / C		Rachel Ivey, Treasure	r
\ -	re of an officer or director	Printed or typed nam	
I further agree t	to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	ent and agree to act in this capaciall statutes relative to the proper and accept the obligation of my postored to reflect a change in the registere tified in writing of this change.	nd complete
Sign	nature of Registered Agent	<u> </u>	
	half of an entity:		
Dale Justice	mun or an entity.		
	vned or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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