

N1300000 R52

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

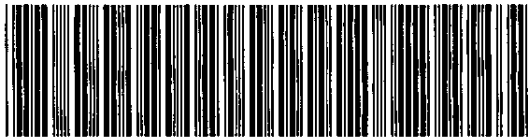
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

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OCT 23 2013
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Outlet Community Center, INC.
Name of Corporation

DOCUMENT NUMBER: N13000001852

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:

Emily Richeson
Name of Contact Person

The Outlet Community Center, INC
Firm/Company

1222 Lake Ave.
Address

Tallahassee, FL 32310
City/State and Zip Code

theoutlettallahassee@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Richeson at (813) 928-1989
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
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.

1. The name of the corporation: The Outlet Community Center, INC.
2. The principal office address: 2115 Melanie Drive Tallahassee, FL 32304
3. The mailing address (if different): _____
4. Date of incorporation/qualification: February 26, 2013 Document number: N13000001852
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)

Emily Richeson
2115 Melanie Drive
Tallahassee, FL 32304

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

Emily Richeson
1222 Lake Ave.
Tallahassee, FL 32310

P.O. Box NOT acceptable

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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.

Emily Richeson
Signature of an officer or director

Emily Richeson, Director
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.

Emily Richeson
Signature of Registered Agent

9/26/2013
Date

If signing on behalf of an entity:

Emily Richeson
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