

N130000007640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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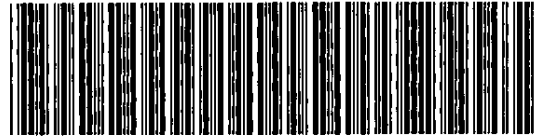
(Business Entity Name)

(Document Number)

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2017 APR 24 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 28 2017  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GLADES EDUCATION FOUNDATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N13000007640

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:

**Michael R. McKinley, Esq.**

Name of Contact Person

**WOTITZKY, WOTITZKY, ROSS & MCKINLEY P.A.**

Firm/Company

**1107 W. Marion Ave., Unit 111**

Address

**Punta Gorda, FL 33950**

City/State and Zip Code

**mmckinley@wotitzkylaw.com**

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

For further information concerning this matter, please call:

**Michael R. McKinley, Esq.** at **941 639-2171**

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

*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: GLADES EDUCATION FOUNDATION, INC.
2. The principal office address: 400 10th Street SW, Moore Haven, FL 33471
3. The mailing address (if different): P.O. Box 443, Moore Haven, FL 33471

4. Date of incorporation/qualification: 08/22/13 Document number: N13000007640

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)

**Michael R. McKinley**

**223 Taylor Street**

**Punta Gorda, FL 33950**

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

**Michael R. McKinley, Esq.**

**1107 W. Marion Ave., Unit 111**

**P.O. Box NOT acceptable**

**Punta Gorda, FL 33950**

**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.

Laura M. Perry  
Signature of an officer or director

Signature of an officer or director

Laura M. Perry / Executive Dir  
Printed or typed name and title

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 R. J. ...

Signature of Registered Agent

419-17

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**

CP2E045/03/12)