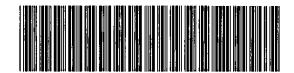
## N13000010027

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip	/Phone #)			
PICK-UP W	AIT MAIL			
(Business En	ity Name)			
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Officer:				

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C. LEWIS MAY 14 2014 EXAMINER

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Keep St. Pete Lit, INC,

N13000010027

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:

Maureen McDole

Name of Contact Person

Keep St. Pete Lit, INC.

Firm/Company

10730 52nd Ave N.

Saint Petersburg, Florida 33708

City/State and Zip Code

keepstpetelit@gmail.com

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

For further information concerning this matter, please call:

Maureen McDole

Name of Contact Person

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

statement of cha	nge is submitted for a corporation organ	ized under the laws of the State of Florida	
		ered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Keep St. Pete Lit	. INC.	
2. The principal	office address: 10730 52nd Ave. I	N. Saint Petersburg, Florida 337	<u>'08</u>
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 1/1/2014	Document number: N1300001002	27
	street address of the current registered at tment of State: (If resigned, enter resigne	gent and registered office on file with the d)	
	Heather Jones		
	310 23rd St. N. Saint Petrsb	urg, FL 33713	<u> </u>
	resigned		SEURE ALLAF
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered office	HASSEE
	Maureen McDole		工。
	10730 52nd Ave N. Saint Petersburg, FL 33708		
	P.O. Box NOT	acceptable	<u> </u>
The street addreas changed will	ess of its registered office and the street a be identical.	address of the business office of its registere	d agent,
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
Lath	re of an officer or director	Kathleen McDole- Vice Preside	ent_
I hereby accept I further agree is performance of	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a	d agree to act in this capacity.	ered , I
Mai	Wewwellerd Agent	4/28/2014	
	half of an entity:	~1884·	
Maureen M	•		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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