

# N13000010908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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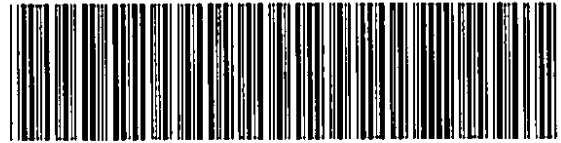
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRANSPARENCY FOR FLORIDA INC.  
Name of Corporation

**DOCUMENT NUMBER:** N13000010908

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:

KALI CRUM  
Name of Contact Person

TRANSPARENCY FOR FLORIDA INC.  
Firm/Company

4105 LINDENWOOD DR  
Address

BRANDON FL 33511  
City/State and Zip Code

FLORIDAINFOSEEKERS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KALI CRUM at (813) 684-1513  
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

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**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: TRANSPARENCY FOR FLORIDA INC
2. The principal office address: 4105 LINDENWOOD DR  
BRANDON, FL 33511
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: DEC. 09, 2013 Document number: N13000010908
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)

MEGAN LAZENBY  
1926 CHEROKEE TRAIL  
LAKE LAND, FL, 33803

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

KALI CRUM  
4105 LINDENWOOD DR  
P.O. Box NOT acceptable  
BRANDON, FL 33511

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.

Kali  
Signature of an officer or director

Kali Crum  
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.*

Kali  
Signature of Registered Agent

7-22-2018  
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

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