

N 130000 11358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

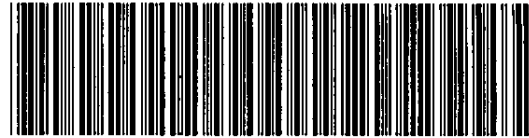
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500263822475

09/04/14--01010--014 **35.00

SEP 11 10 17 AM '14
STATEMENT RECEIVED

FILED
14 SEP -4 PM 12:04

SEP 11 2014

C. CARROTHERS



908 Riverside Dr. • Palmetto, FL 34221

August 29, 2014

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: It Works! Gives Back Foundation, Inc. – Change of Registered Agent Office Address
Document # N13000011350

Dear Sir/Madam,

Enclosed is the Statement of Change of Registered Office or Registered Agent for It Works! Gives Back Foundation, Inc.

Also enclosed is Check #16258 in the amount of \$35.00 to cover the filing fee for the same.

If you need any additional information on this filing please feel free to contact me directly at 941-981-5449.

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Davis", written over a horizontal line.

Lauren Davis, FRP
Paralegal

Enclosure(s)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IT WORKS! GIVES BACK FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N13000011350

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:

Timothy M. Seat

Name of Contact Person

It Works! Gives Back Foundation, Inc.

Firm/Company

908 Riverside Drive

Address

Palmetto, FL 34221

City/State and Zip Code

tims@itworksglobal.com

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

For further information concerning this matter, please call:

Timothy M. Seat

Name of Contact Person

at (941) 348-6647

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: It Works! Gives Back Foundation, Inc.
2. The principal office address: 908 Riverside Dr., Palmetto, FL 34221
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/01/2014 Document number: N13000011350
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)

Timothy M. Seat

5325 State Road 64 East

Bradenton, FL 34208

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

Timothy M. Seat

908 Riverside Dr.

P.O. Box NOT acceptable

Palmetto, FL 34221

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.



Signature of an officer or director

Mark B. Pentecost, 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.



Signature of Registered Agent

August 28, 2014

Date

If signing on behalf of an entity:

Timothy M. Seat

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

CR2E045 (03/12)

FILED
14 SEP -4 PM 12:04