

N14000002450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

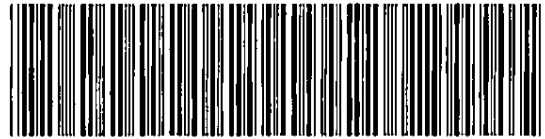
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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APR 27 2023

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRIENDS OF THE HACIENDA AND HISTORIC NEW PORT RICHEY
Name of Corporation

DOCUMENT NUMBER: N14000002450

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:

RUTH FERGUSON
Name of Contact Person

Firm/Company

P.O. BOX
Address

NEW PORT RICHEY, FL 346
City/State and Zip Code

bobk1n001@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH FERGUSON at (262) 215-0371
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FRIENDS OF THE HACIENDA AND HISTORIC NEW
PORT RICHEY
2. The principal office address: 5822 INDIANA AVE
NEW PORT RICHEY, FL 34652
3. The mailing address (if different): P.O. BOX
4. Date of incorporation/qualification: _____ Document number: N14000002450
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)

RESIGNED

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

GREG SMITH

5822 INDIANA AVE

P.O. Box NOT acceptable

NEW PORT RICHEY, FL 34652

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Ruth H. Ferguson
Signature of an officer or director

RUTH H. FERGUSON, TREASURER
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.

Gregory D. Smith
Signature of Registered Agent

02/16/2023
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