

N15000004184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

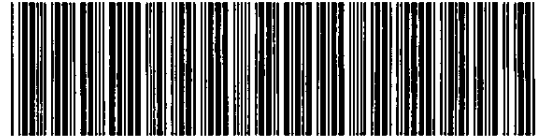
(Business Entity Name)

(Document Number)

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MAY 14 2018

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18 MAY 14 PM 2:29
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2018

TIMOTHY F. BURR
THE PYC SATORI FOUNDATION, INC.
1897 CYPRESS STREET
PENSACOLA, FL 32502

SUBJECT: THE PYC SATORI FOUNDATION, INC.
Ref. Number: N15000004184

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 118A00007193

RECEIVED
18 MAY 14 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PYC SATORI FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N/15 0000004184

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 F. BURR
Name of Contact Person

PYC SATORI FOUNDATION, INC.
Firm/Company

1897 CYPRESS STREET
Address

PENSACOLA FL 32502
City/State and Zip Code

+burr1018@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY BURR at (850) 516-7212
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

**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: THE PYC SATORI FOUNDATION, INC.
2. The principal office address: 1897 CYPRESS ST.
PENSACOLA FL 32502
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 2/21/2015 Document number: NB00004184

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 DENIS MCKINNON

1897 Cypress St
PENSACOLA, FL 32502

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

TIMOTHY F. BURR

SAME ADDRESS AS ON FILE

P.O. Box NOT acceptable

FILED
18 MAY 11 PM 2:29

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

DENIS MCKINNON, Trustee

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

3/29/2018

Date

If signing on behalf of an entity:

TIMOTHY F. BURR

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