N 1500000 5580

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COVER LETTER

TO: Amendment Section Division of Corporations

The Valerie Theatre Cultural Center

Name of Corporation

DOCUMENT NUMBER: N1500005580

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:

Eileen E. Walsh

Name of Contact Person

The Valerie Theatre

Firm/Company

207 Courthouse Square

Address

Inverness, FL 34450

City/State and Zip Code

ewalsh@inverness-fl.gov

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

For further information concerning this matter, please call:

Eileen E. Walsh
Name of Contact Person
Name of Contact Person

at (352) 341-7850
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



August 20, 2019

EILEEN E WALSH 207 COURTHOUSE SQ INVERNESS, FL 34450

SUBJECT: VALERIE THEATRE CULTURAL CENTER, INC.

Ref. Number: N15000005580

We have received your document for VALERIE THEATRE CULTURAL CENTER, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Corporation the document you sent in is for a LLC.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 119A00017188

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisi statement of change is in order to ch	submitted for a c		nized under the la	ws of the State	of Flor	ida
1. The name of the corp	poration: The \	Valerie Thea	tre Cultural	Center		
2. The principal office Inverness, FL	address: 207	Courthouse	Square		 : <u>-</u>	
3. The mailing address	(if different):					
4. Date of incorporatio	n/qualification:	06/02/2015	Document	number: N15	50000	5580
5. The name and street Florida Department			_	ed office on fil	e with th	ne
Res	igned - Alar	n F. Forino				
207	Courthouse	e Square				
Inve	rness, FL 3	34450				
6. The name and street (if changed):	address of the n	ew registered age	nt (if changed) ar	id /or reg <mark>istere</mark> c	— 16届cc 表	-1 4
Eilee	en E. Walsh	1		2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-ଜ -ଜ	
207	Courthouse				ับ	M
Inve	rness, FL	P.O. Box NO 34450	l'acceptable	्रा स्थान स्थान	සි සි	Care S
The street address of it as changed will be iden	ts registered offi ntical.	ice and the street	address of the bu	isiness office o	of its reg	istered agent,
Such change was authorized by the boar	orized by resolu d, or the corpora	tion duly adopted ation has been no	I by its board of outified in writing	lirectors or by of the change.	an offic	er so
Pauletto 1	Pitchie There or director		Paulette	Ritchue ed or typed name ar	, — <u>Se</u>	cretary
I horeby accept the app I further agree to comp performance of my dut agent. Or, if this docu hereby confirm that th	pointment as reg ply with the provies, and I am fa ment is being fi e corporation h	gistered agent an visions of all stat miliar with and a led merely to refl as been notified i	d agree to act in utes relative to th accept the obligat lect a change in to a writing of this	this capacity, he proper and c ion of my posi he registered o change.	complete tion as r office ad	e registered dress, I
Cilal C. Signature of	Colafo Registered Agent			8/24/19 Date		
If signing on behalf of	an entity:					
Cileen & W	alsh rinted Name					
	*	* * FILING FE	E: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314