

N15 000007035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

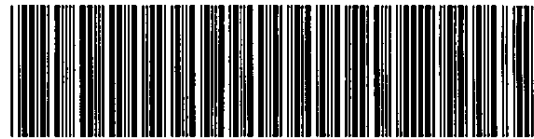
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289961925

09/13/16--01008--004 **35.00

OCT 04 2015

C. CARROTHERS

FILED
2016 SEP 28 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2016

SV HARNDEN
3728 LNOGFELLOW ROAD
TALLAHASSEE, FL 32311

SUBJECT: ZANE: ZIMBABWE A NATIONAL EMERGENCY (US)
CORPORATION
Ref. Number: N15000007035

We have received your document for ZANE: ZIMBABWE A NATIONAL EMERGENCY (US) CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 316A00019971

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZANE: ZIMBABWE A NATIONAL EMERGENCY (US) CORPORATION
Name of Corporation

DOCUMENT NUMBER: N15000007035

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:

MRS. S.V. HARNDEN

Name of Contact Person

ZANE

Firm/Company

3724 LONGFELLOW ROAD

Address

TALLAHASSEE FL. 32311

City/State and Zip Code

svharnden@yahoo.co.uk

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

For further information concerning this matter, please call:

S. V. HARNDEN

Name of Contact Person

at (850) 661-1971

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: ZANE: ZIMBABWE A NATIONAL EMERGENCY (US) CORPORATION
2. The principal office address: 3724 LONGFELLOW ROAD TALLAHASSEE FL 32311

3. The mailing address (if different): AS ABOVE

4. Date of incorporation/qualification: Sept 2nd 2015 Document number: N1500000703

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)

Your Capital Connection Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 28 AM 7:09

FILED

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

Sandra Voy Harnden

3724 Longfellow Road

P.O. Box NOT acceptable

Tallahassee, FL 32311

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.

S Harnden

Signature of an officer or director

S.V Harnden Secretary + Director, ZANE

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.

S Harnden

Signature of Registered Agent

8th September 2016

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
CR2E045 (03/12)