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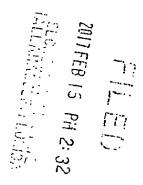
(Re	equestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

TO: Amendment Section Division of Corporations
American Outlaws - Sarasota Chapter, Inc.
SUBJECT: Name of Corporation
DOCUMENT NUMBER: N15000007968
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:
Derek Anderson
Name of Contact Person
Firm/Company
1403 Palmwood Drive
Address
Sarasota, FL 34232
City/State and Zip Code
dandersonfla@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Derek Anderson at (941) 256-6939 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section
Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ	ized under the laws of the State of	Florida	-
	r to change its registered office or registe			
1. The name of t	the corporation: American Outlaws	s - Sarasota Chapter, In	C	
2. The principal	office address: 2257 Ringling Blv	d, Sarasota, FL 34237		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 08/09/2015	Document number: N150	00007968	
5. The name and	d street address of the current registered a rtment of State: (If resigned, enter resigne		with the	
	Shawn M. MacFarlane		_	
	4721 Dunn Drive		_	
	Sarasota, FL 34233		_	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered o	2017 FEB	
	Derek Anderson			1 7
	1403 Palmwood Drive			177
	P.O. Box NOT	acceptable	PH 2:	
	Sarasota, FL 34232		- <u>5</u> ;	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of	its registered age	nt,
Such change was	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by ar tified in writing of the change.	officer so	
		lan Linn, President		_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect the corporation has been notified in the corporation has been noti	utes relative to the proper and co accept the obligation of my positic lect a change in the registered off	mplete on as registered	-
If signing on be	chalf of an entity:			
т	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *