

N15000008519

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

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DIVISION OF CORPORATIONS  
16 DEC 14 AM 10:18

SUBJECT: WWALS Watershed Coalition Florida Inc  
Name of Corporation

DOCUMENT NUMBER: N15000008519

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:

Gretchen Quarterman  
Name of Contact Person

WWALS Watershed Coalition  
Firm/Company

PO Box 88  
Address

Hahira GA 31632  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gretchen Quarterman at ( 850 ) 290-2350  
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: WWALS Watershed Coalition Florida Inc  
2. The principal office address: 207 West Park Ave Suite A  
Tallahassee FL 32301  
3. The mailing address (if different): PO Box 88  
Hahira GA 31632  
4. Date of incorporation/qualification: 9/8/2015 Document number: N15000008519  
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)

Christopher Mericle  
7712 SW 32nd Lane resigned  
Jasper FL 32301

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

Leighanne Boone  
207 West Park Ave Suite A  
P.O. Box NOT acceptable  
Tallahassee FL 32301

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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.

Gretchen Quarterman  
Signature of an officer or director

Gretchen Quarterman - 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.

Leighanne Boone  
Signature of Registered Agent

12/13/2016  
Date

If signing on behalf of an entity:

Leighanne Boone  
Typed or Printed Name

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