

NI50000 10463

(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



300303574683

09/20/17--01013--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 A 10:33

FILED

SEP 21 2017

T. LEMUEUX

NA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Art of Giving, Inc
Name of Corporation

N15000010403
DOCUMENT NUMBER:

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:

Ann Marie Semich
Name of Contact Person
The Art of Giving
Firm/Company
119 Elsa Rd
Address
Jupiter, FL 33477
City/State and Zip Code
annmariesemich@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Marie Semich 561 222-6881
Name of Contact Person at () 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 Art of Giving, Inc.
2. The principal office address: 119 Elsa Rd, Jupiter, FL 33477

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/25/15 Document number: N15000010403

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)

SEMICH, RON

119 ELSA ROAD JUPITER, FL 33477

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

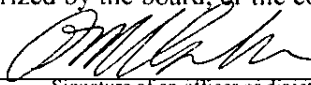
Christine VonBallmoos

119 Elsa Rd, Jupiter, 33477

P.O. Box NOT acceptable

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

Ann Marie Semich, VP

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.

Christine VonBallmoos 09/16/17
Signature of Registered Agent Date

If signing on behalf of an entity:

Christine VonBallmoos

Typed or Printed Name

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