

N 150000 11013

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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OCT 23 2017

FILED  
OCT 23 PM 5:52  
CLERK OF SUPERIOR COURT  
JANUARY 10, 2017

21A-CA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2017

REGINA GLENN-SPEIGHTS  
MARREESE SPEIGHTS FOUNDATION, INC  
5590 12TH STREET SOUTH  
ST. PETERSBURG, FL 33705

SUBJECT: MARREESE SPEIGHTS FOUNDATION INC  
Ref. Number: N15000011013

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 617A00020719

RECEIVED  
17 OCT 23 PM 3:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MARKESE Speights Foundation, Inc  
Name of Corporation

DOCUMENT NUMBER: N15000011013

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:

Regina Glenn-Speights  
Name of Contact Person  
MARKESE Speights Foundation, Inc  
Firm/Company  
5590 12<sup>th</sup> Street South  
Address  
St. Petersburg, FL 33705  
City/State and Zip Code  
glennared@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Glenn-Speights at ( 727 ) 366-3815  
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: Mangrove Springs Foundation, Inc.  
2. The principal office address: 5590 12th Street South  
St. Petersburg, FL 33705  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 11/12/2015 Document number: 115000011013  
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)

BROWN, DAIN  
441 33rd St. N. apt. 514  
A709  
St. Pete, FL 33713

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

Regina Glenn-Spreightz  
5590 12th Street South  
St. Petersburg, FL 33705

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]  
Signature of an officer or director

Regina Glenn-Spreightz, President  
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.

[Signature]  
Signature of Registered Agent

10-8-17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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