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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

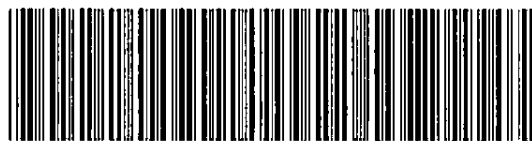
\_\_\_\_\_  
(Business Entity Name)

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

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03/18/24--01027--017 \*\*35.00

R. HUNT

03/18/23

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sarasota County Senior Advocacy Council  
Name of Corporation

**DOCUMENT NUMBER:** NI6000004400

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:

Shay Spradlin  
Name of Contact Person

Sarasota County Senior Advocacy Council  
Firm/Company

5020 Clark Road Suite 414  
Address

Sarasota, FL 34233  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shay Spradlin at (859) 221-3498  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sarasota County Senior Advocacy Council
2. The principal office address: 5020 Clark Road Suite 414  
Sarasota, FL 34233
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4/29/16 Document number: NI6000004400
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)

Resigned Freya Robbins / Kelly Breese (Treasurer)  
5020 Clark Rd Suite 414  
Sarasota, FL 34233

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

Shay Spradlin (Treasurer)  
5020 Clark Rd Suite 414  
P.O. Box NOT acceptable  
Sarasota, FL 34233

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.

Shay Spradlin  
Signature of an officer or director

Shay Spradlin - 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.

Shay Spradlin  
Signature of Registered Agent

3/7/24  
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 (04/13)