

N 16000000 4617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

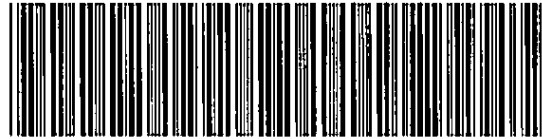
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Passionflower Chapter of The Florida Native Plant Society, Inc.
Name of Corporation

DOCUMENT NUMBER: N16000004617

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:

Pamela Adams, Treasurer

Name of Contact Person

The Passionflower Chapter of The Florida Native Plant Society, Inc.

Firm/Company

P O Box 120023

Address

Clermont, FL 34712-0023

City/State and Zip Code

pamelala108@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Adams

Name of Contact Person

at (**407**) **947-5059**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

PAMELA ADAMS
P.O. BOX 120023
CLERMONT, FL 34711-0023

SUBJECT: THE PASSIONFLOWER CHAPTER OF THE FLORIDA NATIVE
PLANT SOCIETY, INC.
Ref. Number: N16000004617

*Revised
document
mailed
6/7/19*

We have received your document for THE PASSIONFLOWER CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00009415

RECEIVED
2019 JUN 10 PM 5:01
CORPORATION
DIVISION

**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 Passionflower Chapter of The Florida Native Plant Society, Inc.
2. The principal office address: 1001 Sandhill Street, Groveland, FL 34736

3. The mailing address (if different): P O Box 120023, Clermont, FL 34712-003

4. Date of incorporation/qualification: 04/2016 Document number: N16000004617

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)

James Lobb RESIGNED

11900 Windflower Court

Clermont, FL 32711

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

Pamela Adams

1001 Sandhill Street

P.O. Box NOT acceptable

Groveland, FL 34736

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.

Melanie V. Simon
Signature of an officer or director

Melanie V. Simon, 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.

Pamela Adams
Signature of Registered Agent

06/06/2019

Date

If signing on behalf of an entity:

Pamela Adams

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 (03/12)

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