

N1600000 6691

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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: New Tampa Area Rotary Club  
Name of Corporation

DOCUMENT NUMBER: 216 000006691

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:

Chris Stennett

Name of Contact Person

New Tampa Area Rotary Club

Firm/Company

19413 Whispering Brook Dr. Tampa, FL 33647

Address

Tampa, FL 33647

City/State and Zip Code

stennettchris@yahoo.com

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

For further information concerning this matter, please call:

Chris Stennett

Name of Contact Person

at ( 813 ) 393-7298

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

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**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: New Tampa Noon Rotary Club
2. The principal office address: 19413 Whispering Brook Drive, Tampa, FL 33647
3. The mailing address (if different): PO Box 46295 Tampa, FL 33647
4. Date of incorporation/qualification: 07/06/16 Document number: N16000006691
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)

Angela L. Garrett  
1818 Bella Casa Ct  
Tampa, FL 33618

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

C. Chris Stennett  
19413 Whispering Brook Dr.  
P.O. Box NOT acceptable  
Tampa, FL 33647

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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.

  
Signature of an officer or director

Chris Stennett 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.*

  
Signature of Registered Agent

11/26/2019  
Date

If signing on behalf of an entity:

Chris Stennett  
Typed or Printed Name

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