

N16 000008176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

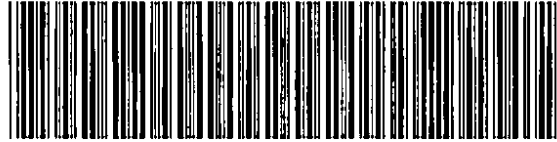
(Business Entity Name)

(Document Number)

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FEB 17 2021
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cape Coral Animal Shelter Corporation
Name of Corporation

DOCUMENT NUMBER: N16000008176

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:

Liz McCauley
Name of Contact Person
Cape Coral Animal Shelter
Firm/Company
325 SW 2nd Avenue
Address
Cape Coral FL 33991
City/State and Zip Code
liz@capecoralanimalshelter.com

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

For further information concerning this matter, please call:

Liz McCauley at (239) 573-2002
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JAN 27 2:15

See Attached

January 27, 2021

LIZ MCCAULEY
325 SW 2ND AVE
CAPE CORAL, FL 33991

SUBJECT: CAPE CORAL ANIMAL SHELTER CORPORATION
Ref. Number: N16000008176

We have received your document for CAPE CORAL ANIMAL SHELTER CORPORATION 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

Please list the registered agent name to reflect the signature and submit the enclosed amendment form to make all changes.

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: 821A00001843

**2 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: Cape Coral Animal Shelter Corporation

2. The principal office address: 325 SW 2nd Avenue Cape Coral FL 33991

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 8/15/2016 Document number: 17053287325016

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)

Werline, Yvonne

4645 SE 11th Pl, Suite 104

Cape Coral, FL 33904

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

Elizabeth McCauley

325 SW 2nd Avenue

P.O. Box NOT acceptable

Cape Coral FL 33991

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.

Ernest McAuley
Signature of an officer or director

Elizabeth McCauley Executive
Director

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

11/20/2020
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)