## N17000000850

(Requestor's Name)
(Address)
(Address)
(Ch. (Ch. 477) (Dh. 49. 49.
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600297125556

600297125556 04/27/17--01026--008 \*\*35.00

DIVISION OF CORPORATION

17 MAY 15 PM L: 1.6

Ra Champ

MAY 1 5 2017

**D** CUSHING

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Krewe of the 13 Inc Name of Corporation
DOCUMENT NUMBER: N1700000 850
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:
Katheen Allen Name of Contact Person  Krewe of the 13 Inc Firm/Company  5 Smiling Fish Lane Address Palm Coast FL 32137 City/State and Zip Code  Kath @ Krewe of the B. org  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathleen Allen at (386) 801-6706  Name of Contact Person at (386) 801-6706  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



May 3, 2017

KATHLEEN ALLEN KREWE OF THE 13, INC. 5 SMILING FISH LANE PALM COAST, FL 32137

SUBJECT: KREWE OF THE 13, INC.

Ref. Number: N1700000850

We have received your document for KREWE OF THE 13, 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 new registered agent listed must sign the acceptance statement.

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.

Diane Cushing Senior Section Administrator

Letter Number: 317A00008658



## 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.
1. The name of the corporation: Krewe of the 13 Inc.
2. The principal office address: 5 Smiling Fish Lane  Palm Coast FL 32137
3. The mailing address (if different):
4. Date of incorporation/qualification: Sancy 2010 Document number: N17,000,000,850
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)
Maria A Harrison - Resigned
13 Sand pipper Ct.  Palm Coast, FL 32137 5 ER
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
305 Winding Oak Way P.O. Box NOT acceptable
Doint augustine 31 32084
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 Kathleen Allen Registered Agent
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 Date
If signing on behalf of an entity:
Krewe of the B he

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

Typed or Printed Name