## N 1700007704

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	   MAIL 
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	   
Special Instructions to Filing Officer:	
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2017 SEP -5 PM12: 4

C. GOLDEN SEP - 7 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: The Tampa Bay	Collard Green Festiva	al, Inc.
SUBJECT:	Name of Corporation	
DOCUMENT NUMBER: N17	000007704	
The enclosed Statement of Change	of Registered Office/Agent an	d fee are submitted for filing.
Please return all correspondence co	_	· ·
_	a Wilson	
	Name of Contact Person	n
	Firm/Company	
501 116	h Ave N #224	
	Address	
St. Pete	rsburg, FL 337	16
	City/State and Zip Code	e
contactus@t	ampabaycollardgreen	festival.org
E-mail address	(to be used for future annu	al report notification)
For further information concerning	this matter, please call;	
Samantha Wilson	72	7 ,612-4667
Name of Contact Pe	rson at (at (	Code & Daytime Telephone Number
T. I. I		
Enclosed is a \$35.00 check made pa	iyable to the Department of Sta	nte.
B.# *1* A		
Mailing As Amendme	nt Section	Street Address: Amendment Section
	21	Division of Corporations
P.O. Box	11 -	Clifton Building
Tallahasse		2661 Executive Center Circle
	1	Fallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	·	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of Florida	
•	- · · · · · · · · · · · · · · · · · · ·	ered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: The	Tampa Bay Collard Green Festival, Inc	
2. The principal	office address: 515	46th Avenue South, St. Petersburg, FL 33705	
• •			<del>_</del>
3. The mailing a	address (if different):_	PO Box 12794, St. Petersburg, FL 33733	
4. Date of incor	poration/qualification	07/25/2017 Document number: N17000007704	<del>-</del>
5. The name and	d street address of the	07/26/3017 current registered agent and registered office on file with the signed, enter resigned)	
	Donald R. Cမ္ပါ	lins (Deceased)	
	32 21st St N	AFL 33713	
	St. Petersburg	, FL 33713	
6. The name and (if changed):	d street address of the	new registered agent (if changed) and /or registered office	
	Samantha Wi	son Section 1997	
	501 116th Ave	enue N #224	
		P.O. Box NOT acceptable	
	St. Petersburg	, FL 33716	
The street address changed will	ess of its registered of be identical.	flice and the street address of the business office of its registered agent,	
Such change was authorized by the	as authorized by reso he board, or the corpo	ution duly adopted by its board of directors or by an officer so tration has been notified in writing of the change.	
Highan.	ire of an officer or director	130YZE// HOSEY/PILES - DEAT	
I hereby accept I further agree penformance of agent.) Or, if th hereby confirm	the appointment as r to comply with the pr my duties, and I am is document is being that the corporation	egistered agent and agree to act in this capacity. Evisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	FGSTEVA
/	437	<u>A.0(.1)</u>	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Т	yped or Printed Name	<del> </del>	
		* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF GORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)