

N17000096S1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

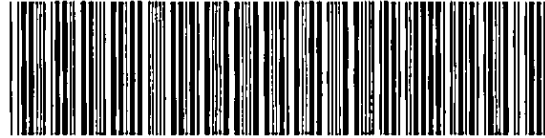
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700305665367

11/16/17--01030--017 **35.00

NOV 17 2017
S. YOUNG

FILED
17 NOV 16 PM 4:21
S. YOUNG
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Monico Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: 17000009681

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:

Julliet Jackson-Beckford

Name of Contact Person

The Monico Foundation, Inc

Firm/Company

17345 Edgewater Dr

Address

Pt Charlotte, FL 33948

City/State and Zip Code

jjacksonbeckford@gmail.com

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

For further information concerning this matter, please call:

Julliet Jackson-Beckford at (941) 421-2614

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Monico Foundation, Inc.

2. The principal office address: 17345 Edgewater Dr Pt Charlotte, FL 33948

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/25/2017 Document number: N17000009681

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)

Julliet Jackson-Beckford

17346 Edgewater Dr

Pt Charlotte, FL 33948


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

17345 Edgewater Dr

P.O. Box NOT acceptable

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

Julliet Jackson-Beckford

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

Julliet Jackson-Beckford

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 (03/12)

FILED
NOV 16 PM 4:22
TALLAHASSEE, FLORIDA