

N17000 012 425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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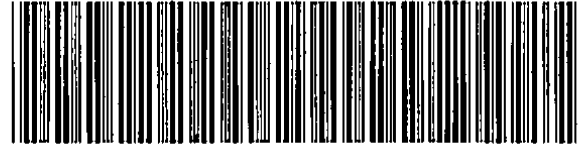
(Business Entity Name)

(Document Number)

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SECTION 17 STATE  
TALLAHASSEE FLORIDA

SEP 20 2013  
T SCHROEDER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hudson CUB SCOUTS PACK 86 INC  
Name of Corporation

DOCUMENT NUMBER: n17000012425

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:

Dawn Cramasta

Name of Contact Person

Hudson Cub Scouts Pack 86 INC

Firm/Company

13123 US HWY 19

Address

Hudson , FL 34667

City/State and Zip Code

ccpack86hudson@gmail.com

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

For further information concerning this matter, please call:

Dawn Cramasta

Name of Contact Person

at ( 727 ) 457-2381

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: Hudson CUB SCOUTS PACK 86 INC
2. The principal office address: 13123 US HWY 19, Hudson, FL 34667
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

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)

Marjorie A Grilli ( resigned)

13123 US HWY 19

Hudson, FL 34667

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

Dawn Cramasta

13123 US HWY 19

P.O. Box NOT acceptable

Hudson, FL 34667

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TALLAHASSEE, FLORIDA

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.

Dawn Cramasta  
Signature of an officer or director

Dawn Cramasta Committee Chair  
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.*

Dawn Cramasta  
Signature of Registered Agent

9/3/19  
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)