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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Nature Coast Lady Anglers Name of Corporation
DOCUMENT NUMBER: N 18000007330
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:
Carol Seidman Name of Contact Person
Nature Coast Lady Anglers
8348 SW 79 Circle
Ocala FJ 34476 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CAROL Seidman at (352) 8977-6312 Name of Contact Person Area Code & Daytime Telephone Number
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

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form.sunbiz.org/pdf/cr2e045.pdf form.sunbiz.org

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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: Nature Coast Lady Anglers, luc
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2. The principal office address: 13 900 SW 33 Terrace Ocala F1 34476
3. The mailing address (if different): 5ane
4. Date of incorporation/qualification: 07/02/2018 Document number: N 1800000 733
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)
<u>Delores</u> <u>Belanger</u>
13900 SW 33 Terrace
6. The name and street address of the new registered agent (if changed) and /or registered office :
(if changed):
CAROL Seldman SE = M
8348 SW 79 Circle 35 5
PO. Box NOT acceptable 00 Ocala F1 34476
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.
Actions Belonger Signature of small rector director Delores Belonger 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.
Cawl Seedman 3/2/19 Signature of Registered Agent Dale
If signing on behalf of an entity:
CAROL SEIdman 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)

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