

N180000 12564

(Requestor's Name)

(Address)

(Address)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Conner's Legacy Foundation
Name of Corporation

DOCUMENT NUMBER: N 18000012564

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:

Angela Ashmore
Name of Contact Person

Conner's Legacy Foundation
Firm/Company

1990 MAIN ST, STE 750
Address

SARASOTA, FL 34236
City/State and Zip Code

Angie@ConnersLegacy.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Ashmore at (863) 632 7505
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: Conner's Legacy Foundation, Inc.
2. The principal office address: 1990 Main ST STE 750
Sarasota, FL 34236
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/21/2018 Document number: N18000012564
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)
CSC Corporation Service Company
P.O. Box 13397 1201 Hays Street
Philadelphia Pa 19101-3397 Tallahassee
FL 32301

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

Angela Ashmore
1990 Main ST STE 750
Sarasota FL 34236
P.O. Box NOT acceptable

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STATE

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]
Signature of an officer or director

Meghan Delong, Founder & President
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]
Signature of Registered Agent

01/15/2020
Date

If signing on behalf of an entity:

Angela Ashmore
Typed or Printed Name

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