

N18268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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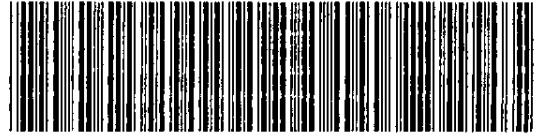
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TBrown 3/29/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Suncoast League of Cities  
Name of Corporation

**DOCUMENT NUMBER:** N18268

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 Crist  
Name of Contact Person

Suncoast League of Cities  
Firm/Company

c/o FIOG @ USF, 4202 E. Fowler Ave CHE 205  
Address

Tampa, FL 33620  
City/State and Zip Code

acrist@usf.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Crist at ( 813 ) 974-2346  
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: Suncoast League of Cities, Inc.
2. The principal office address: c/o FIOG @ USF, 4202 E. Fowler Ave, CHE 205  
Tampa, FL 33620
3. The mailing address (if different): same
4. Date of incorporation/qualification: 01/01/1987 Document number: N18268
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)

Bernie Young

2860 59th Circle

St. Petersburg, FL 33712

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

Angela Crist

c/o FIOG @ USF, 4202 E. Fowler Ave, CHE 205

P.O. Box NOT acceptable

Tampa, FL 33620

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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.

Angela Crist  
Signature of an officer or director

Angela Crist  
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.

Thomas E. Shelly  
Signature of Registered Agent

3.19.2011  
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