

N190000 12241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Fraternal Order of Leatherheads Society, Inc.
Name of Corporation

DOCUMENT NUMBER: N19000012241

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:

Melanie Swift Guin

Name of Contact Person

Swift Philanthropy Solutions

Firm/Company

PO Box 847

Address

Windermere, FL 34786-0847

City/State and Zip Code

tmassicott@gmail.com

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

For further information concerning this matter, please call:

Melanie Swift Guin

Name of Contact Person

at (321) 945-4632

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Central Florida Fraternal Order of Leatherheads Society, Inc.
2. The principal office address: 780 E. Michigan Street
Orlando, FL 32806
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/18/2019 Document number: N19000012241
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)

Tim Massicotte

780 E. Michigan Street

Orlando, FL 32806

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

Tim Massicotte

780 E. Michigan Street, Unit 50

P.O. Box NOT acceptable

Orlando, FL 32806

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.

Tim Massicotte

Signature of an officer or director

Tim Massicotte, 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.

Tim Massicotte

Signature of Registered Agent

06/03/2020

Date

If signing on behalf of an entity:

Tim Massicotte

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 (04/13)