

N19000012395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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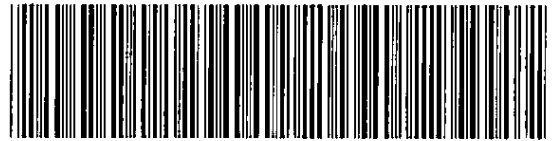
(Business Entity Name)

(Document Number)

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INVESTIGATIVE SECTION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Longboat Key Foundation, Inc
Name of Corporation

DOCUMENT NUMBER: N19000012395

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:

James Brown, Chairman

Name of Contact Person

Longboat Key Foundation, Inc.

Firm/Company

560 Bay Isles Rd., #8297

Address

Longboat Key, FL 34228

City/State and Zip Code

JimBrown@LBKFoundation.org

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

For further information concerning this matter, please call:

James Brown

Name of Contact Person

at (941

) 504-4273

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: Longboat Key Foundation, Inc.

2. The principal office address: 560 Bay Isles Rd., #8297, Longboat Key, FL 34228

3. The mailing address (if different): -same-

4. Date of incorporation/qualification: 11/21/2019 Document number: N19000012395

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)

RESIGNED

Michael Seamon, 6821 Gulf of Mexico Dr., Longboat Key, FL 34228

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

James Brown

2630 Harbourside

P.O. Box NOT acceptable

Longboat Key, FL 34228

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 of an officer or director

James Brown, Chairman

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 of Registered Agent

April 24, 2024
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

2024 MAY -2 AM 9:39

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