

NZ0 0000 0000 409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

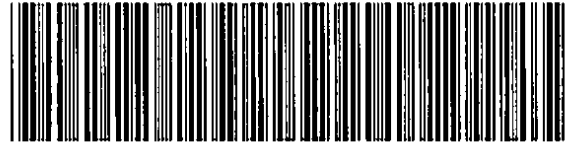
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600341187156

03/09/20--01029--013 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2020 MAR -9 PM 1:54

QAM
3/20/20

**LAW OFFICE OF
W. MICHAEL PARROTT, PLLC**

5481 SW 60th STREET, SUITE 501, OCALA, FL 34474
P.O. BOX 1838, OCALA, FL 34478-1838
TEL: (352) 789-6050 | FAX: (352) 789-6081

March 4, 2020

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Change of Registered Office Address
Together To Thrive, Inc. (Not-for-Profit Florida Corporation)
Document Number N20000000409

Dear Sir or Madam:

Please find enclosed the following items, which are being submitted for the above referenced filing:

- Statement of Change of Registered Office; and
- A check payable to Florida Department of State in the amount of \$35.00 for the filing fee.

Please return all correspondence concerning this matter to the following address:

W. Michael Parrott
Law Office of W. Michael Parrott, PLLC
5481 SW 60th Street, Suite 501
Ocala, FL 34474

If you have any questions or if I may be of further assistance, please call me at (352) 789-6050.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Michael Parrott", with a long horizontal flourish extending to the right.

W. Michael Parrott

Enclosures

**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: Together To Thrive, Inc.
2. The principal office address: 16068 S.W. 15th Court, Ocala, Florida 34473
3. The mailing address (if different): 3 Hemlock Terrace Trak, Ocala, Florida 34472
4. Date of incorporation/qualification: December 19, 2019 Document number: N20000000409
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)

Vanessa King

3325 E. Silver Springs Boulevard

Ocala, Florida 34470

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

Vanessa King

10500 S.E. Highway 464C

P.O. Box NOT acceptable

Ocklawaha, Florida 32179

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

Susan C. Belshaw, 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 of Registered Agent

3/4/2020
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
CR2E045 (04/13)

FILED
DIVISION OF CORPORATIONS
2020 MAR -9 PM 1:54