## N22000001036

(Requestor's Name)	
(Address)	_
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(City (Charter Tity (Disease 40)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(2000)	
(Document Number)	
Certified Copies Certificates of Status	_
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: The Milton Garden Club of Florida, In-	c.
Name of Corporation	
DOCUMENT NUMBER: N22000001036	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Martha (Loise) Spencer	
Name of Contact Person	
The Milton Garden Club of Firm/Company	F Florida Inc.
5256 Alabama Street	
Address	
Milton, FL 32570-2223	
City/State and Zip Code	
miltongardenelub L.gmail.com	n
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter.	please call:
Martha (Loise) Spencer	at (214 )668-5537  Area Code & Daytime Telephone Number
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	Street Address:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of (2. The principal	the corporation: The Milton Garden Club of Florida, Inc.  office address: 5256 Alabama Street, Milton, FL 32570-2223
	address (if different):
4. Date of incorp	poration/qualification: 02/02/2022 Document number: N22000001036
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Dianne Amburn
	5256 Alabama Street
	Milton, FL 32570
6. The name and (if changed):	Milton, FL 32570  I street address of the new registered agent (if changed) and /or registered of fice.  Martha (Loise) Spencer  5256 Alabama Street
	Martha (Loise) Spencer
	5256 Alabama Street
	P.O. Box NOT acceptable
	Milton, FL 32570-2223
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Policial	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.  Partial Romanness
Signatu	re of an officer or director Printed or typed name and title
l furthér agrée i of my duties, an docúment is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance all am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the sbeen notified in writing of this change.
Martin	Love Spen (a) 06/07/2022  nature of Registered Agent Date
If signing on be	half of an entity:
	sped or Printed Name

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