

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Intergroup Service Committee of the 5TH District INC.
Name of Corporation

DOCUMENT NUMBER: N23387

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:

LINDA J. BALL
Name of Contact Person

Intergroup Service Committee of the 5TH DISTRICT INC.
Firm/Company

13325 TAMiami TRAIL UNIT A
Address

NORTH PORT, FL 34287
City/State and Zip Code

Intergroupdist5@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda J. Ball at (941) 426-7655
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Intergroup Service Committee of the 5th District Inc

2. The principal office address: 13325 TAMiami TRAIL UNIT A
NORTH PORT, FL 34287

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/9/1987 Document number: N 23387

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)
CLAIRE TORRES
7060 SOMERSET ST.
PORT CHARLOTTE, FL 33952 (RESIGNED)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Linda J. Ball
433 CYPRESS AVENUE N W
P.O. Box NOT acceptable
PORT CHARLOTTE, FL 33952

FILED
16 SEP 13 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

Normand Desjardins, Treasurer
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]
Signature of Registered Agent

9-2-16
Date

If signing on behalf of an entity:

Typed or Printed Name

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