(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,

12-2/09



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December 8, 2009

CHRISTINA COOK TAMPA BAY BUSINESS FOR CULTURE AND THE POST OFFICE BOX 559 TAMPA, FL 33602

SUBJECT: TAMPA BAY BUSINESSES FOR CULTURE AND THE ARTS, INC.

Ref. Number: N28573

We have received your document for TAMPA BAY BUSINESSES FOR CULTURE AND THE ARTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 409A00037364

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tampa Bay Businesses to Cuture and the Arts Name of Corporation
DOCUMENT NUMBER: N 28573
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:
Christing Cook Name of Contact Person
Tampa Bay Businesses for auture a the Arts
POBox 559 / 633 North-Franklin St. #735
Tampa, FL 33601/33602 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

Name of Contact Person

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

statement of change is	ions of sections 607.050 submitted for a corpora ange its registered office	ition organized under t	he laws of the Sta	nte of Florida	
2. The principal office	poration: Tampe	<u> </u>		33(20)	no +the Arts
	th Frank! (if different): ::			5 Tampa ampa FC	<u>33601</u>
4. Date of incorporation	n/qualification:	7 1989 Docur	nent number: N	128573	
	address of the current re of State: (If resigned, en		istered office on	file with the	
Rei	signed M	elinda Ch	avez		
		anklin Str	eet Suit	235 S	a h norther
	•	FC33601		0 21	DEMENT
6. The name and street (if changed):	address of the new regis	stered agent (if change	d) and /or register		
	Chinstina	Cook		STATE LORIDI	
	633 North	Franklins P.O. Box NOT acceptable	street,	Suite 135)
	Tampa, F	L 33601	·		
The street address of i as changed will be ide	ts registered office and	the street address of t	the business offic	ce of its registered	agent,
Such change was auth authorized by the boar	orized by resolution durd, or the corporation h	aly adopted by its boar as been notified in wr	rd of directors or iting of the chan	by an officer so ge.	
Cystsia Signature of an o	Mary of director	<u>Cyn</u>	hia L. /	Nay Seco	etany
of my duties, and I am document is being file	pointment as registere, ply with the provisions familiar with and acce d merely to reflect a ch notified in writing of th	ept the obligation of n ange in the registered	act in this capaci e to the proper a ny position as reg i office address.	ity. nd complete perfo gistered agent. Oi I hereby confirm t	U rmance ; if this hat the
Signature of	Registered Agent		11 23 200 Date	9	
If signing on behalf of	fan entity:				
Typed or E	Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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