## N29515

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## COVER LETTER

1911 SEP 25 1H 102 26 TO: Amendment Section **Division of Corporations** Dunedin Highland Middle School Band Boosters Association, Inc. SUBJECT: Name of Corporation DOCUMENT NUMBER 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: Patti DuBuque Name of Contact Person DHMS Band Boosters Assoc, Inc. Firm/Company 2833 Chancery Lane Address Clearwater, FL 33759 City/State and Zip Code pattidubuque@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patti DuBuque Name of Contact Person

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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zeed under the laws of the State of <mark>Florida</mark> red agent, or both, in the State of Florida.	-
1. The name of 0	the corporation: Dunedin Highland Micoffice address: 70 Patricia Ave. Du	ddle School Band Boosters Association, I unedin, FL 34698	Inc.
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/02/1988	Document number: N29515	
	I street address of the current registered agement of State: (If resigned, enter resigned	•	
	Kenny Craven		
	1617 Dale Circle S		
	Dunedin, FL 34698		
6. The name and (if changed):	d street address of the new registered agen	io.	
	Patti DuBuque		- r - v
	2000 Chancery Lane		
	P.O. Box NOT a	scceptable	
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered age	nt,
-		by its board of directors or by an officer so ified in writing of the change.	
Puter	re of an officer or director	Patti DuBuque, President	_
I hereby accept I further agree performance of	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac	agree to act in this canacity.	
- Mutt	inature of Registered Agent ()	9-20-2017	_
,2	half of an entity:	17416	
	Boosters Association, Inc.		
	yped or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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