

N39548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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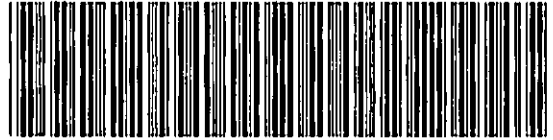
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CENTRAL BREVARD LIBRARY & REFERENCE CENTER GIFT SHOP, INC  
Name of Corporation

**DOCUMENT NUMBER:** N39548

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:

PAT SHEARER

Name of Contact Person

CENTRAL BREVARD LIBRARY & REFERENCE CENTER GIFT S

Firm/Company

308 FORREST AVE

Address

COCOA, FL 32922

City/State and Zip Code

kaleopy@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA SHEARER

Name of Contact Person

at (321) 537-5446

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: CENTRAL BREVARD LIBRARY & REFERENCE CENTER GIFT SHOP, INC
2. The principal office address: 308 FORREST AVE  
COCOA, FL 32922
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/15/1990 Document number: N39548
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)

THOMPSON, JEFF

*Resigned*

308 FORREST AVENUE

COCOA, FL 32922

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

KALEOPY SMITH

33 E AZALEA CIRCLE

P.O. Box NOT acceptable

ROCKLEDGE, FL 32955

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.

*Patricia Shearer*

Signature of an officer or director

PATRICIA SHEARER

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.*

*Kaleopy Smith*

Signature of Registered Agent

4/1/2022

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)