(Requestor's Name)	
(Address) (Address)	900371932909
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ntified Copies Certificates of Status	08/23/2101015011 **35.00
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TO: Amendment Section Division of Corporations

SUBJECT: SAVE OUR SEABIRDS, INC. Name of Corporation

DOCUMENT NUMBER: N39884

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:

AARON VIRGIN Name of Contact Person

SAVE OUR SEABIRDS, INC. Firm/Company

1708 KEN THOMPSON PKWY. Address

SARASOTA, FL 34236 City/State and Zip Code

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

For further information concerning this matter, please call:

AARON VIRGIN

Name of Contact Person

at (<u>941</u>) 773-0185 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

CR2E045 (04/13)

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 co	montion:	SAVE OUR	SEABIRDS	NC
1.	The name of the co	rporauou:	SAVE OUR	SLADIAD3.	1.10.

2. The principal office address: 1708 KEN THOMPSON PKWY

SARASOTA, FL 34236

3. The mailing address (if different): _

Document number: N39884 4. Date of incorporation/qualification: 1990

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)

	ON BUWY	
708 KEN THOMPS	UN PKWY	

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

AARON VIRGIN		2021	
		AUG	
1708 KEN THOMPSON PKWY	·	N	3202.7.
P.O. Box NOT acceptable		ယ်	د ر مع ربه ب
SARASOTA, FL 34236		HI	[?]
The street address of its registered office and the street address of the business of	fice of this lead	istered	
as changed will be identical.		ິ ເກ	agenn

Ñ 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.

of an office of director

JIM CURTIS, BOARD CHAIRMAN Printed or typed name and title

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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.

nature of Registered Agent

If signing on/behalf of an entity:

rgiv INUN 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)