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(Re	questor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

SUBJECT: FINANCIAL CORPORATION FOR THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA (Name of Corporation) N40117 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: MITSI CORCORAN (Name of Contact Person) SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA (Firm/Company) 1960 LANDINGS BOULEVARD (Address) SARASOTA, FL 34231 (City/State and Zip Code) For further information concerning this matter, please call: MITSI CORCORAN (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

_	provisions of section age is submitted fo								
in order	to change its regi	stered office	e or registe	ered agent, o	or both, in t	he State oj	f Florida.		
1. The name of the	ne corporation: F	NANCING	CORPORA	ATION FOR	SCHOOL	BOARD	OF SARA	SOTA	COUNTY,
2. The principal	office address:		_	_					
· -		SARASOTA,		4231					
3. The mailing ac	ldress (if different);							
4. Date of incorp	oration/qualification	on: <u>09</u> –2	26-90	Docum	nent numbe	er: <u>N4</u>	0117		
5. The name and Florida Depart	street address of the ment of State:	ne current re	gistered a	gent and reg	istered offi	ce on file v	with the		
1		GARY NORI	RIS						
,		1960 LANI	INGS B	DULEVARD					
		SARASOTA	, FL 3	4231			FALL FALL	4 9000	anuzung
6. The name and (if changed):	street address of the	ne new regis	tered ager	t (if changed	d) and /or r	egistered o	RETARY AHASSE	LOON AUG -4	
•		LORI WHI	ce				- ಗ್ರಾ ಇದ	MII: 08	
							GE	: 0	
		(P.O. Box NO)T acceptable)				Ā	. 0	
The street addre as changed will	ss of its registered be identical.	office and	the street	address of t	he busines	s office of	fits registe	red age	ent,
Such change wa authorized by th	s authorized by re e board, or the co	solution du poration ha	ly adopted is been no	l by its boar tified in wri	d of direct iting of the	ors or by change.	an officer	so	
Caro (signatur	e of an otyger or directo			CAROL	INE ZUCK	ER, DIR			- .
of my duties, and document is beir	the appointment a comply with the d I am familiar wi g filed merely to been notified in w	th and acce reflect a ch	pt the obli ange in th	igation of m e registered	act in this c to the pro y position office ada	apacity. per and c as registe ress, I he	omplete pe red agent. reby confir	erforma Or, if m that	ince this the
Zai	White			7/	21/08				_
(Sig	nature of Registered Age	ent) '	=		<i>i</i> —	(Date)		——	
If signing on bel	nalf of an entity:								
LORI WHI	TE 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 * * *

CR2E045 (8/05)