## N40356

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Žip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	Goose Creek Wildlif	e Sanctuary, Inc.	
DOCUMENT NUMB	ER:	N40356	
The enclosed Statemen	t of Change of Registered Offic	ce/Agent and fee are submit	ted for filing.
Please return all corres	pondence concerning this matte	er to the following:	
	Suca	n May	
	Name of Co	ontact Person	
	Goose Creek Wills	llifo Sanctuary Inc	
		llife Sanctuary, Inc.	
	3400 Willi	ams Road	
	Add	lress	····
_	Tallahasse City/State a	e, FL 32311 nd Zip Code	<del></del>
	susanmaycpa	@yahoo.com	
E-n	nail address: (to be used for t	uture annual report notifi	ication)
	concerning this matter, please	call:	
S	Susan May f Contact Person	at (850)	508-7587 ne Telephone Number
Name o	I Contact Person	Area Code & Daytir	ne Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive	rporations g

Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of Florid er to change its registered office or registered agent, or both, in the State of Florida.	a
1. The name of	the corporation: Goose Creek Wildlife Sanctuary, Inc.	
	l office address: 830 Watt Drive, Tallahassee, FL 32303	Page 14.7
2. The principal	- 0/100 4341000	
3. The mailing a	address (if different): 3400 Williams Road, Tallahassee, FL 32311	
4. Date of incor	rporation/qualification: $10/16/90$ Document number: $18403$	56
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Susan May	
	1017 Summerbrooke Drive	
	Tallahassee, FL 32312	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	DIVISION OF CO
	Susan May	器 8
	3400 Williams Road	ORPORATI
	P.O. Box NOT acceptable  Tallahassee, FL 32311	9. 5 5
		on 法
The street address changed will	ess of its registered office and the street address of the business office of its regis I be identical.	tered agent,
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	r so
The Signature	Susan May, Treasurer Printed or typed name and title	
I further agree of my duties, an document is bei	t the appointment of registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete nd I am familiar with and accept the obligation of my position as registered agen ing filed merely to reflect a change in the registered office address, I hereby conj is been notified in writing of this change.	performance t. Or, if this firm that the
Zhung	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
	Susan May	
T	Typed or Printed Name	

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