

(Re	equestor's Name)	_		
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	77			
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		į		
	· · · · · · · · · · · · · · · · · · ·			

Office Use Only



300300071543

300300071543 06/06/17--01023--008 \*\*35.00

JUN 06 2017

R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Florida Operation Lifesaver, Inc.

Name of Corporation

DOCUMENT NUMBER: N41602

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:

Scott Allbritton

Name of Contact Person

Florida Department of Transportation

Firm/Company

605 Suwannee Street, MS 25

Address

Tallahassee, Florida 32399-0450

City/State and Zip Code

Scott.Allbritton@dot.state.fl.us

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

For further information concerning this matter, please call:

Scott Allbritton

, 850 , 414

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corporation	on organized under the laws of the State of	Florida
		r registered agent, or both, in the State of	Florida.
1. The name of	the corporation: Florida Oper	ation Lifesaver, Inc.	
2. The principa	l office address: 605 Suwanne		
	Tallahassee,	Florida 32399-0450	
3. The mailing	address (if different): N/A		
4. Date of incor	poration/qualification: 1/10/19	91 Document number: N416	02
	d street address of the current regis ertment of State: (If resigned, enter	stered agent and registered office on file w resigned)	vith the
	Andre Goins (Resigned	)	
	605 Suwannee Street, M	MS 25	-
	Tallahassee, Florida 32	399-0450	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered of	ffice 7
	Scott Allbritton		
	605 Suwannee Street, M	MS 25	g o
		Box NOT acceptable	* * * * * * * * * * * * * * * * * * * *
	Tallahassee, Florida 32		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	is registered agent,
Such change was authorized by 1	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so
	= 6/5/v	Pete Petree, Director	
=		Printed or typed name and in	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	ent and agree to act in this capacity. Ill statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	nplete n as registered ne address, I
Sunt	ltt.H	June 5, 2017	,· .
_	nature of Registered Agent	Date	
	half of an entity:		
N/A			
Ty	yped or Printed Name		•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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