N41602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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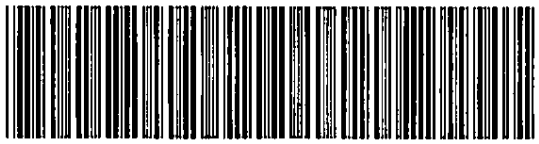

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R. WHITE
NOV 20 2020

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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:

Laura Miller
Name of Contact Person

Florida Operation Lifesaver, INC
Firm/Company

605 Suwannee Street, MS 25
Address

Tallahassee, Florida 32399-0450
City/State and Zip Code

laura.miller@dot.state.fl.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Miller at (850) 414-4528
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
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: Florida Operation Lifesaver, INC

2. The principal office address: 605 Suwannee Street, MS 25, Tallahassee, FL. 32399-0450

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/10/1991 Document number: N41602

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)

Robert Stapleton

605 Suwannee Street, MS 25, Tallahassee, FL. 32399-0450

Tallahassee, Florida 32399-0450

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

Laura Miller

605 Suwannee Street, MS 25, Tallahassee, FL. 32399-0450

P.O. Box NOT acceptable

Tallahassee, Florida 32399-0450

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.

DocuSigned by:
Pete Petree
Signature of an officer or director

Pete Petree, Board Chairman
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.

DocuSigned by:
Laura Miller
Signature of Registered Agent

10/14/2020 | 10:36 AM EDT
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