

N48769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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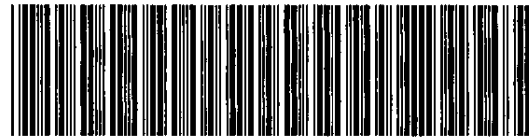
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caladium Arts & Crafts Cooperative, Inc.
Name of Corporation

DOCUMENT NUMBER: N48769

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:

Nancy T. Sanders

Name of Contact Person

Caladium Arts & Crafts Cooperative, Inc.

Firm/Company

c/o P.O. Box 1071

Address

Lake Placid, FL 33862

City/State and Zip Code

nancytsanders@gmail.com

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

For further information concerning this matter, please call:

Nancy T. Sanders

Name of Contact Person

at (863) 259-7340

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**

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: Caladium Arts & Crafts Cooperative, Inc.
2. The principal office address: 132 East Interlake Blvd.
Lake Placid, FL 33852
3. The mailing address (if different): c/o P.O. Box 1071
Lake Placid, FL 33862
4. Date of incorporation/qualification: May 7, 1992 Document number: N48769
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) _____

J.M. (Mike) Yeager

9011 Placid Lakes Blvd.

Lake Placid, FL 33852

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

Nancy T. Sanders

104 Happiness Avenue

P.O. Box NOT acceptable

Lake Placid, FL 33852

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.

Judy Nicewicz, President
Signature of an officer or director

Judy Nicewicz, President

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.

Nancy T. Sanders
Signature of Registered Agent

October 8, 2013

Date

If signing on behalf of an entity:

Nancy T. Sanders

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