## N93000000285

(Requestor's Name)					
(Address)					
•					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
,					
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

• 7	CO: Amendment Section Division of Corporations					
9	SUBJECT: Florida Association of Food Banks, Inc. Name of Corporation					
1	DOCUMENT NUMBER: N9300000285					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
I	Please return all correspondence concerning this matter to the following:					
	Rebecca Brislain					
	Name of Contact Person					
•	Florida Association of Food Banks					
	Firm/Company					
	1365 Alcazar Ave Address					
	Audicos					
	Fort Myers, FL 33901					
	City/State and Zip Code					
	rebecca@fafb.org					
	E-mail address: (to be used for future annual report notification)					
F	For further information concerning this matter, please call:					
	Rebecca Brislain at ( 813 ) 321-7858					
-	Rebecca Brislain at ( 813 ) 321-7858  Name of Contact Person Area Code & Daytime Telephone Number					
E -	Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:  Amendment Section  Street Address:  Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

CR2E045 (8/05)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1. lange is submitted for a corporation organized und ler to change its registered officc or registered age	er the laws of the Stat	<sub>e of</sub> Florida
1. The name of t	the corporation: Florida Association of I	Food Banks,	Inc.
2. The principal	al office address: 325 John Knox Road, Suite	L103 Tallahass	see, FL 32303
3. The mailing a	address (if different):	t	
4. Date of incorp	rporation/qualification: 1/21/1993 Do	ocument number:	N93000000285
	nd street address of the current registered agent and artment of State: (If resigned, enter resigned)	registered office on fi	le with the
	325 John Knox Road, Suite L103		一型 冒不
	Taliahassee, FL 32303		
6. The name and (if changed):	nd street address of the new registered agent (if cha	nged) and /or registere	TALLAHASSEE, FLORITE
	Rebecca Brislain		FLOOR
	1365 Alcazar Ave		鬱っ
	P.O. Box NOT acceptable Fort Myers, FL 33901	•	•
The street address changed will	ress of its registered office and the street address	of the business office	e of its registered agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its l the board or the corporation has been notified in	ooard of directors or l writing of the chang	by an officer so
1 aus	Many	Dave Reaney	
I hereby accept I further agree to of my duties, an document is bei corporation has	of the appointment at registered agent and agree to comply with the provisions of all statutes relained I am familiar with and accept the obligation coing filed merely to reflect a change in the registers been notified in writing of this change.	to act in this capacit tive to the proper an of my position as regi ered office address, I	y, d complete performance stered agent. Or, if this hereby confirm that the
Alley	ignature of Régistèred Agent	6/24/20 Date	010
If signing on be	chalf of an entity:	•	
F	Rebecca Brislain		
T	Tuned or Drinted 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
CR2E045 (8/05)