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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Florida Dance Theatre, Inc Name of Corporation N94000004852

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:

Jermaine Thornton Name of Contact Person Florida Dance Theatre, Inc Firm/Company PO Box 831 Address Lakeland, FL 33802 City/State and Zip Code

fdtdevelopment@gmail.com

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

For further information concerning this matter, please call:

Jermaine Thornton

Name of Contact Person

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 cha	provisions of sections 607,0502, 617, nge is submitted for a corporation or r to change its registered office or re	ganized under the laws	of the State of	Florida	his	
1. The name of t	he corporation: Florida Dance	Theatre,Inc				
2. The principal	office address: 305 W Main St FL 33815			<del></del>		
3. The mailing a Lakelan	ddress (if different): PO Box 831 d, FL 33815					
4. Date of incorp	poration/qualification: 10/03/199	4 Document nu	mber: N9400	00048	52	
5. The name and	I street address of the current register tment of State: (If resigned, enter res	ed agent and registered				
	Carol Erkes			 - = [_	2019	
	260 College Grove Circle			ÄL1/	2019 00 31	
	Winter Haven, FL 33881			. AH/::	$\frac{\omega}{-}$	- <del></del>
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /	or registered of	flice[	AH 9: 2	
	Jermaine Thornton			<b>.</b>	0	
	305 W Main St					
	Lakeland, FL 33815	NOT acceptable				
	ess of its registered office and the str be identical. as authorized by resolution duly ado the board, or the corporation has been					ıt,
De	bbie Rozen re of an other of director	Debbie Roze				
I hereby accept I further agree of performance of agent. Or, if the hereby confirm  (L/YL/LLS) Sign	the appointment as registered agent to comply with the provisions of all is my duties, and I am familiar with an is document is being filed merely to that the corporation has been notificative of Registered Agent half of an entity:	t and agree to act in thi statutes relative to the p nd accept the obligation	oroper and con 1 of my position registered offic inge.	nplete n as regis. ce address	tered s, l	
T	vped or Printed Name					

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