N95000005645

Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Hernando Quilters Guild Name of Corporation	
DOCUMENT NUMBER: 95000005645	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Raelee Russavage	
Name of Contact Person	
Firm/Company	
3291 Dothan Ave	
Address	
Spring Hill, FL 34609	
City/State and Zip Code	
raeleerussavage@gmail.com	
E-mail address: (to be used for future annua	d report notification)
For further information concerning this matter.	please call:
Raelee Russavage	21 (630)660-4136
Name of Contact Person	at (630)660-4136 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
7.0. Box 6527 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Fananassec, 11, 32314	Tallahassee FL 32303

CR2E045 (04/13)

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.	
The name of the corporation: Hernando Quilters Guild	
1. The name of the corporation:	_
2. The principal office address: Pto Box 6672 Spring Hill, Ft. 346H. 3291 Dothern Ave	—
Joring Hill FL 34609	—
3. The mailing address (if different): PO Box (0672) 11/27/1995 12/27/1995	
4. Date of incorporation/qualification: 11/27/1995 Document number: 95000005645	
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)	
Sharon Kinney Didden	
2382 Restmere Lane	
Spring Hill, FL 34609	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Maryann Wilkinson	
12088 Walshwood Ave	
P.O. Box NOT acceptable	
Brooksville, FL 34613	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt.
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.	
Marles Aussaire Raclee Russavage	
Signature of an officer or director Printed or typed name and title I have be accounted by appreciation of a realist and are and are to get by this connective.	
I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the provisions of all statutes relative to the proper and complete performs of my duties, and I am jamiliar with and accept the obligation of my position as registered agent. Or, if document is being filed merely to reflect a change in the registered office address. I hereby confirm that corporation has been notified in writing of this change.	nce this the
Maryann Wilhinson 07/25/2024 Dispatire of Registered Agent 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 CR2E045 (04/13)