N96000004658

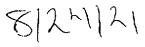
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COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	
SUB. Name	BJECT: HIGH SPRINGS LIONS CLUB, INC. ne of Corporation	
DOC	CUMENT NUMBER: N96000004658	
The e	enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Pleas	se return all correspondence concerning this ma	tter to the following:
LESL	LIE ANNE FLAGE, PRESIDENT	
Name	ne of Contact Person	
HIGH	H SPRINGS LIONS CLUB, INC.	
Firm/	n/Company	
P.O. I	BOX 2444	
Addr	ress	
HIGH	H SPRINGS, FL 32655	
City/S	State and Zip Code	
	hslionsclub@windstream.net	
E-ma	nail address: (to be used for future annual rep	port notification)
For fi	further information concerning this matter, pleas	se call:
LESL	LIE ANNE FLAGE, PRESIDENT	339-2830
	Name of Contact Person	at (352) 339-2830 Area Code & Daytime Telephone Number
Enclo	losed is a \$35.00 check made payable to the Dep	partment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	mge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florid ration organized under the laws of the State o ice or registered agent, or both, in the State o	f_FLORIDA
1. The name of	the corporation: HIGH SPRI	NGS LIONS CLUB, INC.	
2. The principal	office address: 26900 W US	HIGHWAY 27	
z. The principal		NGS, FL 32643	
3. The mailing a	iddress (if different): P.O. B	OX 2444, HIGH SPRINGS, FL 32644	
		/1996 Document number: N960	00004658
5. The name and		registered agent and registered office on file	
	JOHN SULLIVAN (ce	signed)	(0. 15)
	24542 NW 189TH STREET		
	HIGH SPRINGS, FL 32643		
6. The name and (if changed):	d street address of the new re-	gistered agent (if changed) and /or registered	office P
	ROBERT B HOLLAND		
	5930 SW 52 TERR	***	
		P.O. Box NOT acceptable	
	LAKE BUTLER, FL 32054		. <u></u>
The street addre	ess of its registered office an be identical.	d the street address of the business office of	f its registered agent.
Such change wa authorized by the	as authorized by resolution one board, or the corporation	luly adopted by its board of directors or by has been notified in writing of the change.	an officer so
Chulio A	me klade	LESLIE ANNE FLAGE, PRES	IDENT
Signatu	re of an officer or defector	Printed or typed name an	dittle
l further agree of my duties, an document is bei	the appointment as register to comply with the provision of I am familiar with and according filed merely to reflect a constitution of the second of the control of the con	ed agent and agree to act in this capacity, as of all statutes relative to the proper and continuous the obligation of my position as registe change in the registered office address, I he this change.	omplete performance red agent. Or, if this reby confirm that the
Role	13 Glockand	JULY 26, 2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
ROBERT B HO	LLAND		
T	yped 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