

N97000003204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

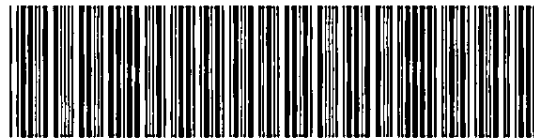
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600318820576

10/01/18--01015--006 **35.00

FILED
2018 OCT -1 PM 1:41
SEC. OF STATE
TALLAHASSEE, FLORIDA

RALCH8

OCT 03 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First United Methodist Pre-School, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000003204

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:

Samantha Noonan

Name of Contact Person

First United Methodist Pre-School, Inc.

Firm/Company

1400 South Kanner Highway

Address

Stuart, FL 34994

City/State and Zip Code

mssam@stuartfumc.org

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

For further information concerning this matter, please call:

Samantha Noonan

Name of Contact Person

at (772) 287-6265

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First United Methodist Pre-School, Inc.
2. The principal office address: 1500 South Kanner Highway
Stuart, FL 34994
3. The mailing address (if different): PO Box 539; Stuart, FL 34995
4. Date of incorporation/qualification: _____ Document number: N97000003204
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)

Folds, Vicki Lee

1500 South Kanner Highway

Stuart, FL 34994

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

Noonan, Samantha

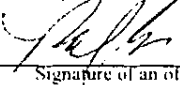
1500 South Kanner Highway

P.O. Box NOT acceptable

Stuart, FL 34994

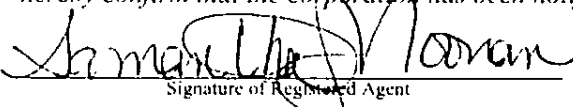
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Rebecca D. Geary, Secretary
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.


Signature of Registered Agent

9/26/18
Date

If signing on behalf of an entity:

Samantha J Noonan
Typed or Printed Name

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