N91000003983

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations

SUBJECT: Community Development Corporation of Leesburg & Vicinity (Name of Corporation) DOCUMENT NUMBER: N97000003983 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: Betty R. Graham (Name of Contact Person) <u>Community Development Corporation of Leesburg</u>
(Firm/Company) 314 S. Canal Street (Address) Leesburg, FL 34748 (City/State and Zip Code) For further information concerning this matter, please call: Betty R. Graham (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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

•	orovisions of sections 607.0502, 617.0502, 607.1508, 6r 617.1508, Fioriaa Statutes, this nge is submitted for a corporation organized under the laws of the State of
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: Community Development Corporation of Leesburg & office address: 314 S. Canal Street
	Leesburg, FL 34748
3. The mailing a	ddress (if different):
4. Date of incorp	oration/qualification: 1997 Document number: N9700003983
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) Glenn Frazier
	Glenn Frazier
	314 S. Canal Street
	Leesburg, FL 34748
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Betty R. Graham
	3145. Canal Street (P.O. Box NOT acceptable) Lee Surg. Fl 34748
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signatu	re of an officer or director) (Printed or typed name and title)
l further agrée t of my duties, an document is beil	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this of filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Setty	R Susham January 15, 2009 nature of Registered Agent)
,	nalf of an entity:
(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 CR2E045 (8/05)