00006312

(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:					





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COVER LETTER

TO:	Amendment Section Division of Corporation	ons				
SUBJI	ЕСТ:	Sunbonnet Sue (Quilters Guild Corporation	_		
DOCU	JMENT NUMBER:	N98	3000006312			
			ce/Agent and fee are submitted for	filing.		
Please	return all corresponden	ce concerning this matte	er to the following:			
	•	•	·			
		Carolyn Name of Co	Reinhardt ontact Person			
Sunbonnet Sue Quilters Guild						
		Firm/C	ompany			
			ox 1011	_		
		Ado	dress			
	· · · · · · · · · · · · · · · · · · ·	Vero Beach, f	FL 32961-1011 and Zip Code	_		
city/bate and zip code						
	br1848@bellsouth.net E-mail address: (to be used for future annual report notification)					
	E-man au	uress: (to be used for	ruture annual report notification	1)		
For fu	rther information concer	ning this matter, please	call:			
	Carolyn Re	einhardt	at (772) 77	78-7886		
-	Name of Conta	ct Person	at (772) 77 Area Code & Daytime Tel	ephone Number		
Enclos	sed is a \$35.00 check ma	ide payable to the Depai	rtment of State.			
	Divis P.O.	ng Address: ndment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporat Clifton Building 2661 Executive Cent			

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2012

CAROLYN REINHARDT P.O. BOX 1011 VERO BEACH, FL 32961-1011

SUBJECT: SUNBONNET SUE QUILTERS GUILD, INC.

Ref. Number: N98000006312

We have received your document for SUNBONNET SUE QUILTERS GUILD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please have Carolyn Reinhardt sign as the officer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 912A00012533



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: Sun Bonnet Sue Quilters Guild, INC. The principal office address: 3306 20th Street, Vero Beach, FL32960
3. The mailing address (if different): PO Box 1011, Vero Beach, FL 32961-1011
4. Date of incorporation/qualification: 11/03/98 Document number: N98000006312
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)
Carolyn Reinhardt
3925 8 PI
Vero Beach Fl 32960
6. The name and street address of the new registered agent (if changed) and /or registered pffice (if changed): Church of Christ 3306 20 ST 20 P.O. Box NOT acceptable Vero Beach FI 32960 ST 20 ST
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. Carolyn Reinhardt Signafare of an officer or director 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.
Caroly Reinhardt 5/8/12 Signifure 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 (03/12)
