## N 99000001260

(Red	(uestor's Name)	
(Add	(ress)	
(Add	Iress)	
(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	e)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Constitution to 5		
Special Instructions to F	·lling Officer:	
		***************************************
		***************************************
		Ì
		WANTER

Office Use Only



900090574089

03/07/07-01019--012 \*\*35.00

7 A. Charge 3/13/107

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: St. Augustine High School Band Boosters Association, Inc. (Name of Corporation)
· · · ·
DOCUMENT NUMBER: N9900001260
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:
Vickie Gard
(Name of Contact Person)
St. Augustine High School Band
Boosters Association, Inc.
(Firm/Company)
220E N Varolla Ct
3205 N. Varella St. (Address)
St. Augustine, FL 32084
(City/State and Zip Code)
For further information concerning this matter, please call:
Vickie Gard at 904 315-0842
Vickie Gard at (904) 315-0842  (Name of Contact Person) (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  Street Address:  Amendment Section  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.0502, 607.1508, c ange is submitted for a corporation organized under the	
	er to change its registered office or registered agent, or	both, in the State of Florida.
1. The name of th	St. Augustine High Schoothe corporation: Boosters Association	
2. The principal of	office address: 3205 N. Varella St.	
St. Aug	gustine, FL 32084	
	ddress (if different): P.O. Box 1587 gustine, FL 32084	
4. Date of incorpo	poration/qualification: 2-25-99 Docume	ent number: N9900001260
	street address of the current registered agent and regis	
<u>-</u>	William L. Squire	
	2951 Stratton Blvd.	,
- -	St. Augustine, FL 32084	O7 MAI SECRE
6. The name and s (if changed):	I street address of the new registered agent (if changed)	\$2.50 \$2.50
_	Laura Antoni	THE PO
	3205 N. Varella St.	FLORID PLATE
_	(P.O. Box NOT acceptable) St., Augustine, FL 32084	P
as changed will b		
Such change was authorized by the	is authorized by resolution duly adopted by its board se board, or the corporation has been notified in writing	of directors or by an officer so ng of the change.
Vicke	Vickie	e Gand, Treasurer
I hereby accept the I further agree to of my duties, and document is being	the appointment as registered agent and agree to act o comply with the provisions of all statutes relative to d I am familiar with and accept the obligation of my had filed merely to reflect a change in the registered of been notified in writing of this change.	in this capacity o the proper and complete performance position as registered agent. Or, if this ffice address, I hereby confirm that the
1/0	nature of Registered Agent)	(Date)
If signing on beha	half of an entity:	
(Tyr	yped or Printed Name)	

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