

P05000018009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

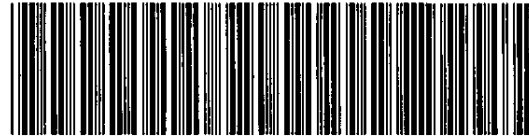
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263754280

08/28/14--01009--009 **35.00

RECEIVED
FEBRUARY 11, 2015
TAMPA, FLORIDA

14 AUG 28 PM 2:10

FILED

R/A
chg

SEP. -5 2014

R. WHITE

NORM D. FUGATE, P.A.

Attorney at Law

Norm D. Fugate
Board Certified Attorney.
City, County and Local Government Law
Board Certified in Real Estate Law

248 Northwest Main Street
Post Office Box 98
Williston, Florida 32696
(352) 528-0019
(352) 528-4919 Fax

August 25, 2014

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: P05000018009
Cloverlea Farm of Williston, Inc.

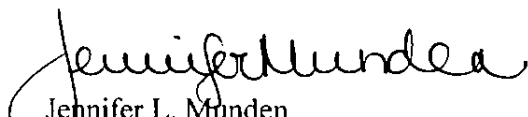
Dear Sirs / Madam:

In connection with the above referenced matter, please find enclosed herewith the following documents:

- Cover Letter;
- Statement of Change of Registered Agent; and
- Check number 3157 in the amount of \$35.00; which represents fees due.

Should you have any questions regarding this matter, please feel free to contact me at 352-528-0019.

Sincerely,


Jennifer L. Munden
Legal Assistant

/jlm

Enclosures (as stated)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cloverlea Farm of Williston, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000018009

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:

Patricia O'Connor

Name of Contact Person

Cloverlea Farm of Williston, Inc.

Firm/Company

Post Office Box 299

Address

Williston, Florida 32696

City/State and Zip Code

TCLOVERLEA@aol.com

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

For further information concerning this matter, please call:

Patricia O'Connor

Name of Contact Person

at (307) 774-1015

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: Cloverlea Farm of Williston, Inc.
2. The principal office address: 2550 Northeast 170th Avenue, Williston, Florida 32696
3. The mailing address (if different): Post Office Box 299, Williston, Florida 32696
4. Date of incorporation/qualification: 02/02/2005 Document number: P05000018009
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)

Norm D. Fugate
248 NW Main Street
Williston, Florida 32696

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

Patricia O'Connor
2550 Northeast 170th Avenue
Williston, FL 32696

P.O. Box NOT acceptable

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.

Patricia O'Connor
Signature of an officer or director

PATRICIA O'CONNOR
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.

Patricia O'Connor
Signature of Registered Agent

8/19/14
Date

If signing on behalf of an entity:

PATRICIA O'CONNOR
Typed or Printed Name

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