

PD60000095147

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 19 AM 9:02

RD/chg
@ 1/24/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sutton Family Homes and Management Consulting, Inc.
Name of Corporation

DOCUMENT NUMBER: PO6000095147

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:

Kara Sutton
Name of Contact Person

Sutton Family Homes and Management Consulting, Inc.
Firm/Company

PO Box 1198
Address

Newberry, FL 32669
City/State and Zip Code

kara@suttonfamilyhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kara Sutton at (352) 318-9864
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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2011

KATA SUTTON
SUTTON FAMILY HOMES AND MANAGEMENT
P.O. BOX 1198
NEWBERRY, FL 32669

SUBJECT: SUTTON FAMILY HOMES AND MANAGEMENT CONSULTING,
INC.
Ref. Number: P06000095147

We have received your document for SUTTON FAMILY HOMES AND
MANAGEMENT CONSULTING, 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):

PLEASE COMPLETE THE FORM IN ITS ENTIRETY.

We are enclosing a computer printout which reflects the registered agent and
registered office now on file with this office. Please amend your document
accordingly.

The registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 711A00001125

RECEIVED
11 JAN 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

1. The name of the corporation: Sutton Family Homes and Management Consulting, Inc.
2. The principal office address: 25159 NW 10 Ave, Newberry, FL 32669

3. The mailing address (if different): PO Box 1198, Newberry, FL 32669

4. Date of incorporation/qualification: 7/17/06 Document number: PO6000095147

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)

Kara Sutton

~~25159 NW 10 Ave.~~ 320 NE Santa Fe Blvd -
~~Newberry, FL 32669~~ High Springs, FL 32643

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

Kara Sutton

25159 NW 10th Ave.

P.O. Box NOT acceptable

Newberry, FL 32669

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 19 AM 9:00

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.

Kara Sutton
Signature of an officer or director

Kara Sutton
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.

Kara Sutton
Signature of Registered Agent

1-17-11
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 (8/05)