

P94 0000 85186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Re Change

MAY 20 2020

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Magnolia Manor, INC  
Name of Corporation

**DOCUMENT NUMBER:** P94000085186

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:

Sheryl Haynes

Name of Contact Person

Magnolia Manor, INC

Firm/Company

926 S Myrtle Ave

Address

Clearwater, FL 33756

City/State and Zip Code

sherylpat22@gmail.com

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

For further information concerning this matter, please call:

Sheryl M Haynes

Name of Contact Person

at (727)

410-1483

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: Magnolia Manor, INC
2. The principal office address: 926 S Myrtle Ave  
Clearwater, FL 33756
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Nov 21, 1994 Document number: P94000085186
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)

Patrick Shaughnessy

46 N Pin Circle

Belleair, FL 33756

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

Sheryl M Haynes

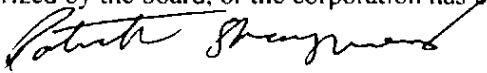
46 N Pine Circle

P.O. Box NOT acceptable

Belleair, FL 33756

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.

  
Signature of an officer or director

Patrick Shaughnessy

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.*

  
Signature of Registered Agent

May, 5, 2020

Date

If signing on behalf of an entity:

SHERYL M HAYNES

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 (04/13)

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