

**N00 0000004260**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

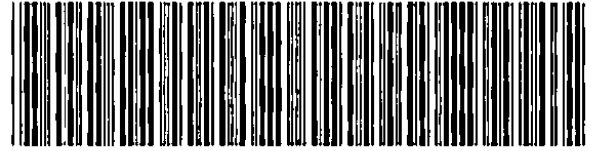
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Florida K of C Charities, Inc.  
Name of Corporation

DOCUMENT NUMBER: N00000004260

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:

Scott A. O'Connor  
Name of Contact Person

Florida K of C Charities, Inc  
Firm/Company

206 NW 135<sup>th</sup> Avenue, Unit 101  
Address

Plantation, FL 33325  
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott O'Connor at ( 305 ) 790 2041  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Florida K of C Charities, Inc.
- 2. The principal office address: 206 NW 135<sup>th</sup> Ave., Unit 101  
Plantation, FL 33325
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 06/23/2000 Document number: 00000004260
- 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)

SCOTT A. O'CONNOR  
1406 SW 159<sup>th</sup> Ave  
Pembroke Pines, FL 33027

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

SCOTT A. O'CONNOR  
206 NW 135<sup>th</sup> Avenue, Unit-101  
Plantation, FL 33325

P.O. Box NOT acceptable

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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.

*Scott A. O'Connor* President      Scott A. O'Connor, President  
Signature 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.

*Scott A. O'Connor*      11-11-2020  
Signature of Registered Agent      Date

If signing on behalf of an entity:

SCOTT A. O'CONNOR  
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