

NO 90000010173

(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



800283254728

03/17/16--01008--021 **35.00

FILED
2016 MAR 17 PM 12:30
STATE OF ARIZONA
FALL ARIZONA 2016

Ratchy

MAR 23 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The National Community Network
Name of Corporation

DOCUMENT NUMBER: NO9600010173

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:

Ella Williams
Name of Contact Person

The national Community Network
Firm/Company

923 Ave A
Address

Allon Park Fl. 33825
City/State and Zip Code

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

For further information concerning this matter, please call:

ella williams at (813) 257 5308
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

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: The National Community Network
2. The principal office address: ~~PO Box~~ 923 South A Ave
Avon Park FL 33825
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/29/2009 Document number: N09000010173
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)

Frank Paul Jones Rev. — He is mentally ill attaching evidence
PO Box 37 (923 Ave A)
Avon Park FL 33825 (Avon Park FL 33825)

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

Ella Williams
923 Ave A
P.O. Box NOT acceptable
Avon Park FL 33825

FILED
2016 MAR 17 PM 1:30
TALLAHASSEE
FLORIDA

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]
Signature of an officer or director

Ella Williams
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]
Signature of Registered Agent

3/14/16
Date

If signing on behalf of an entity:

Ella Williams
Typed or Printed Name

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