## N11000007366

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

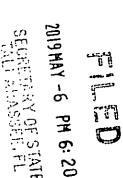




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## **COVER LETTER**

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

J . . . .

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: FOE Ladies Auxiliary Charuster 345/In.  2. The principal office address: 1485 Guf To Bay Blut.
Clearwater, FL 33755
3. The mailing address (if different): SIAME
4. Date of incorporation/qualification: 8/4/301/ Document number: N1/000007366
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)
Marjorie Chadeett
1485 GUFTO BOYBIVA. SS &
Clearwater, FL 33755
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1485 GUF TO Bay Blvd.  P.O. Box NOT acceptable
Clearwater, FL 33755
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.
authorized by the board or the corporation has been notified in writing of the change.  Nayorice Printed or typed name and title  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.
Johnson L. Sulek 4/30/2019
Signature of registered right
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 (03/12)