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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
in order to change its registered office or registered agent, or both, in the State of Florida.  MILITARY OFFICERS ASSOCIATION OF AMERICA, ANCIENT CITY CHAPTER  1. The name The Company of the Company o
2. The principal office address: 46 160 4571 57 Avevs 71 32086-4871
271 HERMOSA CT. ST AUGUSTINE FL 32086-7309
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/19/14 Document number: N/40000/0807
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)
JOHN MOUNTEASTLE
TOHN MOUNTERSTLE  RESIGNED- EN E TI
一
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GEORGE E. MCCREA
271 HERMOSA CT. P.O. Box NOT acceptable
51 AUGUSTINE FL 32086-7309
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  Signature of an officer or director  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.
Sang & Me Cas 6/28/16 Senature of Registered Agent 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