

N1700000 4714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

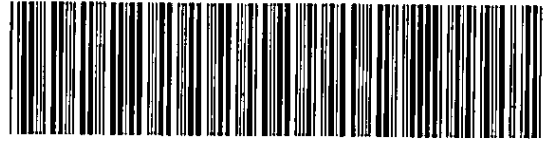
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

SEP 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alive Camp, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000004714

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:

Missy Cregar
Name of Contact Person

Alive Camp, Inc.
Firm/Company

12 Cypress Point Ct
Address

Ormond Beach, FL 32174
City/State and Zip Code

wade.cregar@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Missy Cregar at (386) 405-6107
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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Alive Camp, Inc.
2. The principal office address: 12 Cypress Point Ct, Ormond Beach, FL 32174
3. The mailing address (if different): (Same)
4. Date of incorporation/qualification: 05/02/2017 Document number: N17000004714

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)

Steven Geiger
12 Roxland Lane
Palm Coast, FL 32164

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

Missy Cregar
12 Cypress Point Ct
P.O. Box NOT acceptable
Ormond Beach, FL 32174

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.

Stephanie Gonter
Signature of an officer or director

Stephanie Gonter
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.

Melissa Cregar
Signature of Registered Agent

8/27/19
Date

If signing on behalf of an entity:

Melissa Cregar
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