

N22 000006091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

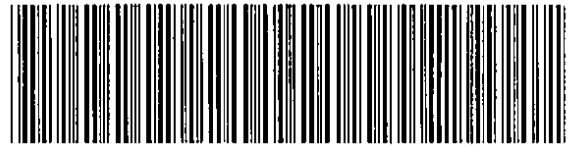
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Village Veterans Association Incorporated
Name of Corporation

DOCUMENT NUMBER: N22000006091

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:

Christopher R. Biernaski

Name of Contact Person

The Village Veterans Association Incorporated

Firm/Company

1492 Aldersgate Dr Apt 7

Address

Kissimmee FL 34746

City/State and Zip Code

cbiernaski@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher R. Biernaski

Name of Contact Person

at (321) 3331627

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

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: The Village Veterans Association Incorporated

2. The principal office address: 1492 Aldersgate Dr Apt 7 Kissimmee FL 34746

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/09/2022 Document number: N22000006091

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)


LEGALINC CORPORATE SERVICES INC
5237 SUMMERLIN COMMONS SUITE 400
FORT MYERS FL 33907

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

David Frye
1610 Calvin Cir
Kissimmee FL 347416
P.O. Box NOT acceptable

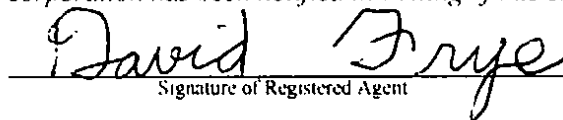
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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

Christopher R Biernaski President/Chairman
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 of Registered Agent

5/23/2023
Date

If signing on behalf of an entity:

David Frye
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 (04/13)

FILED
23 JUN 20 PM 12:16
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE