

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Association of St Lawrence-Comunita Cenacolo America
Name of Corporation In c

DOCUMENT NUMBER: N960000 3019

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:

Nancy Powers
Name of Contact Person

Association of St Lawrence
Firm/Company

9485 Regency Square Blvd, Ste 110
Address

Jacksonville, FL 32225
City/State and Zip Code

parsleyc@bellsouth.net

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

For further information concerning this matter, please call:

Nancy Powers at (904) 353-5353
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: Association of St Lawrence -Comunita Cenacolo Americ
2. The principal office address: 9485 Regency Square Blvd, Ste 110
Jacksonville, FL 32225
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/4/96 Document number: N96000003019

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)

Nancy M Powers
1050 Talleyrand Avenue
Jacksonville, FL 32206

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

9485 Regency Square Blvd
Ste 110
Jacksonville, FL 32225

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.

Nancy M Powers
Signature of an officer or director

NANCY M POWERS
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.

Nancy M Powers
Signature of Registered Agent

7/2/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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