Current Prin 4375 S LITTLE INVERNESS, F				
Current Mai	ling Address:			
P.O. BOX 95 INVERNESS	52 S, FL 34451 US			
FEI Number: 59-3685581		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
SCHONS, CLO 7331 E. GOSPI INVERNESS, F	EL ISLAND RD			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
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SIGNATURE	E: CLOGENE SCHONS	Ũ		01/11/2023
SIGNATURE				
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			01/11/2023
	Electronic Signature of Registered Agent	Title	TREASURER	01/11/2023
Officer/Dire	Electronic Signature of Registered Agent			01/11/2023
Officer/Dire Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	TREASURER	01/11/2023
Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ISLEY, LOU 1127 ORCHID AVE	Title Name Address	TREASURER SCHONS, CLOGENE	01/11/2023
Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ISLEY, LOU 1127 ORCHID AVE	Title Name Address	TREASURER SCHONS, CLOGENE 7331 E. GOSPEL ISLAND RD	01/11/2023
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ISLEY, LOU 1127 ORCHID AVE INVERNESS FL 34452	Title Name Address	TREASURER SCHONS, CLOGENE 7331 E. GOSPEL ISLAND RD	01/11/2023
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ISLEY, LOU 1127 ORCHID AVE INVERNESS FL 34452 SECRETARY	Title Name Address	TREASURER SCHONS, CLOGENE 7331 E. GOSPEL ISLAND RD	01/11/2023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLOGENE SCHONS

TREASURER

01/11/2023

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N09000004060

Entity Name: AMERICAN LEGION AUXILIARY ALLEN RAWLS UNIT 77, INC

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FILED Jan 11, 2023 **Secretary of State** 2992435593CC

Date