MELBOURNE,	FL 32904			
Current Mai	ling Address:			
P O BOX 99 MELBOURN	3 IE, FL 32902-0993 US			
FEI Number: 27-1755213		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
MCDONALD, ROBERT TODD				
251 NAYLOR DR MELBOURNE, FL 32904 US				
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.				
The above nume	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida.
	e entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	^{rida.} 04/15/2021
		tered office or regis	tered agent, or both, in the State of Flo	
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	04/15/2021
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	04/15/2021
SIGNATURE Officer/Dire	E: PATRICK RIPTON Electronic Signature of Registered Agent ctor Detail :			04/15/2021
SIGNATURE Officer/Dire	E: PATRICK RIPTON Electronic Signature of Registered Agent Ctor Detail : P	Title	V	04/15/2021
SIGNATURE Officer/Dire Title Name	E: PATRICK RIPTON Electronic Signature of Registered Agent ctor Detail : P MCDONALD, ROBERT TODD	Title Name	V REYNOLDS, KEITH P O BOX 993	04/15/2021
SIGNATURE Officer/Dire Title Name Address	E PATRICK RIPTON Electronic Signature of Registered Agent Ctor Detail : P MCDONALD, ROBERT TODD P O BOX 993	Title Name Address	V REYNOLDS, KEITH P O BOX 993	04/15/2021

C

Current Principal Place of Business:

DOCUMENT# N12000001440

II, BREVARD COUNTY FLORIDA

251 NAYLOR DR

Address

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: ROBERT MCDONALD

P O BOX 993

City-State-Zip: MELBOURNE FL 32902-0993

PRESIDENT

Address

City-State-Zip:

P O BOX 993

MELBOURNE FL 32902-0993

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Entity Name: ANCIENT ORDER OF HIBERNIANS IN AMERICA, INC. DIVISION

FILED Apr 15, 2021 **Secretary of State** 0660354215CC

Date