## 721864

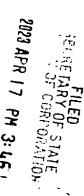
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
J DENNIS		
	JUN	2 8 2023

Office Use Only



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## 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.		
LITERACY FOR Adults in DREVARD		
2. The principal office address: 303 FORREST AVE		
2. The principal office address: 303 FORREST AVE  Coco4 FL 32922  3. The mailing address (if different): P.O. Box 56 1201		
3. The mailing address (if different): P.O. Box 56 1201		
Rockledge TL 32/30		
4. Date of incorporation/qualification:		
5. The name and street address of the current registered agent and registered office on the with the		
MARK Tomassone (RESIGNED)		
305 FORREST AVR		
Cocca, FL 32922		
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):    Carol Yaitanes   1766 Independence Ave.		
P.O. Box NOT acceptable		
MELBOURNE, FL 32940		
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.		
Victoria Louis Vic Printed or typed name and title		
I hereby accept the appointment as registered agent and agree to act in this capacity.  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 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.		
Cial January Date  4-12-2023  Date		
If signing on behalf of an entity:		
Typedfor Printed Name		
Typed or Printed Name  * * * FILING FEE: \$35.00 * * *		