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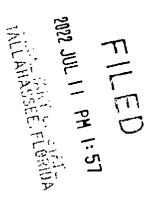
(Req	uestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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97/11/23--01/15--007 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: The Four Ambassadors Association, Inc.	2.		
Name of Corporation			
DOCUMENT NUMBER: 757222			
	A Office / A cont and for any submitted for filing		
The enclosed Statement of Change of Registered	office/Agent and fee are submitted for fifting.		
Please return all correspondence concerning this	matter to the following:		
Troy C. Alwine			
Name of Contact Person			
The Four Ambassadors Association, Inc.			
Firm/Company			
825 Brickell Bay Drive, Suite 250			
Address			
Miami, FL 33131			
City/State and Zip Code			
troycalwine@gmail.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, p	please call:		
Troy C. Alwine	305 y962-8749		
Name of Contact Person	at (305)962-8749 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Addrage	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	l	
	the corporation: The Four Ambasado office address: 825 Brickell Bay Dri			
3. The mailing a	address (if different):			
		Document number: 757222		
5. The name and		ered agent and registered office on file with the		
	Robert J. Alwine, Resigned			
	825 Brickell Bay Drive, Suite 250	ALLAHA\$S	2022 JUL 11	
	Miami, FL 33131	H:		
6. The name and (if changed):	d street address of the new registere	• • • • • • • • • • • • • • • • • • • •		
	Troy C. Alwine	0 전 	2. 	
	825 Brickell Bay Drive, Suite 250	Ď.	~	
P.O. Box NOT acceptable				
	Miami, FL 33131			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regis	tered agent,	
Such change w authorized by t	as authorized by resolution duly a die board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	r so	
	Jeres -	Daniel S. Burdak, President		
	re of an officer of director	Printed or typed name and title		
I further agree of my duties, ar document is be	to comply with the provisions of a nd I am familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and complete p he obligation of my position as registered agen e in the registered office address, I hereby cont hange.	t. Or. if this	
Gues	aluñe.	June 15, 2022		
<u> </u>	nature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
Troy C. Alwine	· . · · · · · · · · · · · · · ·			
ľ	yped or Printed Name			

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