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04/26/24--01019--009 **35.00

2024 APR 26 PM 12: 4-1

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: Society of St. Pius X, Davie, Fla., Inc. Name of Corporation DOCUMENT NUMBER: 760098 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: Francis McDonald Name of Contact Person Society of St. Pius X Firm/Company 11485 N. Farley Rd. Address Platte City, MO 64079 City/State and Zip Code f.mcdonald@sspx.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Francis McDonald at (816) 733-2528 Area Code & Daytime Telephone Number Name of Contact Person 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
The Centre of Tallahassee
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 Pursuant to the provisions of sections 607.0502-617.0502-607.1508, or 617.1508. Florida Statutes, this

statement of cha	he provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Sta Change is submitted for a corporation organized under the laws of the State of <mark>Fl</mark> rder to change its registered office or registered agent, or both, in the State of Flo	orida	
1. The name of t	of the corporation: Society of St. Pius X, Davie, Fla., Inc.		
	oal office address:		
	th Ave., Davie, FL 33314		
3. The mailing a	g address (if different): 11485 N. Farley Rd., Platte City, MO 64079		
	corporation/qualification: 9/18/1981 Document number: 760098		
	and street address of the current registered agent and registered office on file with partment of State: (If resigned, enter resigned)	ı the	
	Geraldine Aucone		
	419 Shadow Wood Lane		
	Coral Springs, FL 33071		
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered officil):	:e	
	Fr. Marc Vernoy		
	500 Riverview Avenue	2024 APR 26	
	P.O Box NOT acceptable	A.P.	 -
	Sanford, FL 32771		=
The street address changed will	dress of its registered office and the street address of the business office of its vill be identical.		-ED
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by an o y the poard-or the corporation has been notified in writing of the change.	fficer so $\overline{}$	
Signatu	Fr. James Scott Gardner secretary/tr		
I hereby accept I further agree of my duties, an document is bei corporation has	ept the appointment as registered agent and agree to act in this capacity, ee to comply with the provisions of all statutes relative to the proper and comp and I am familiar with and accept the obligation of my position as registered being filed merely to reflect a change in the registered office address, I hereby has been notified in writing of this change.	lete performance agent. Or, if this confirm that the	
Oue	enderner March II.	29/	
Sig	Signature of Registered Agent Date		
If signing on be	behalf of an entity:		
Fr. Marc Vernoy	noy		
Т	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		
	Maria anno anno anno anno anno anno anno an		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)