Florida Department of State

Division of Corporations **Electronic Fiting Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

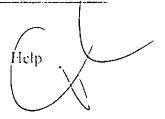
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REGISTERED AGENT CHANGE ALLEGANY FRANCISCAN MINISTRIES, INC.

Certificate of Status	0
Certified Copy	I
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To

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

statement of ch	unge is submitted for a corporation o	7.0502, 607,1508, or 617,1508, Florida Stainte organized under the laws of the State of <mark>Florida</mark> egistered agent, or both, in the State of Florida	1
1. The name of	the corporation: Allegany Franciscan	Ministries, Inc.	
2. The principal	office address: 33920 US Highway I	9 North, #269, Palm Harbor, Florida 34684	
3. The mailing a	address (if different):		·
		Document number: 765,372	
5. The name an		red agent and registered office on file with the	
	Eileen Coogan	5)73 S
	33920 US Highway 19 North, #269		EP 2
	Palm Harbor, FL 34684		6 ♣
6. The name and (ifchanged):	d street address of the new registered	agent (if changed) and /or registered office	2023 SEP 26 AM 10: 17
	C T Corporation System		133
	1200 South Pine Island Road		
	Plantation, Florida 33324	O Box NO I neceptable	
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its regis	stered agent.
Such change was authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an office in notified in writing of the change.	er so
<u>Eileen Cooga</u>		Eileen Coogan, President and CEO	
Signitu	or of an officer or director	Printed or typed name and title	
-I further agree -of my duties, an -document is bei	id Fam familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha i System	statutes relative to the proper and complete obligation of my position as registered agei, in the registered office address, I hereby conjuge.	performance it. Or, if this firm that the
	Sharry McGinnes	9/19/2023	·
	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Sherry McGinne	s - Assistant Secretary		
Т	yped or Printed Name		
	* * * FILING	FEE: \$35.00 * × *	

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

By: