

To:

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2023-09-26 12:28:12 CST

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From: David Thomas

765372

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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765372

REGISTERED AGENT CHANGE
ALLEGANY FRANCISCAN MINISTRIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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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

1. The name of the corporation: Allegany Franciscan Ministries, Inc.
2. The principal office address: 33920 US Highway 19 North, #269, Palm Harbor, Florida 34684
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/11/1982 Document number: 765372
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Eileen Coogan

33920 US Highway 19 North, #269

Palm Harbor, FL 34684

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Eileen Coogan

Signature of an officer or director

Eileen Coogan, President and CEO

Printed or typed name and title

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 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.

C T Corporation System

By:

Sherry McGinnes

9/19/2023

Signature of Registered Agent

Date

If signing on behalf of an entity:

Sherry McGinnes - Assistant Secretary

Typed or Printed Name

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

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