## 766860

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2000000 2000)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: INDIAN RIVER VIA DE CRISTO	O, INC.
Name of Corporation	
DOCUMENT NUMBER: 766860	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
MICHAEL R. COOK, ESQUIRE	
Name of Contact Person	
COOK & LANDY, PLLC	
Firm/Company	
997 SOUTH WICKHAM ROAD	
Address	<del></del>
WEST MELBOURNE, FLORIDA 32904	
City/State and Zip Code	<del></del>
COOKRIVER0830@ATT	NET
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter	r, please call:
THOMAS D ACCOLA	at (321 ) 544-3128  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	he Department of State.
Mailing Address: Amendment Section	Street 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

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 ofFLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:  1. The name of the corporation:  2. The principal office address:  1. The principal office address:  1. The name of the corporation:  1. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/07/1983 Document number: 766860
<ol> <li>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)</li> </ol>
MAERILU H WOOLEY (RESIGNED)
MAERILU H WOOLEY (RESIGNED)  415 PARK AVENUE
SATELLITE BEACH, FL 32937-2030
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  MICHAEL R. COOK, ESQUIRE
MICHAEL R. COOK, ESQUIRE
COOK& LANDY, PLLC
P.O. Box NOT acceptable 997 SOUTH WICKHAM ROAD, WEST MELBOURNE, FL 32904
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.
Stephen P. Lyon - Treasurer Signature of an officer or director  Stephen P. Lyon - Treasurer Printed ordinal 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.
Wiehalr Grote august 1 st 2023
Signature of Registered Agent  If signing on behalf of an entity:
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)