# F03000003930

(Requestor's Name)
(Requestors Name)
A distribution
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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Office Use Only



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#### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/13/2025	_	⇔WALK IN
ENTITY NAME WOM	AN'S MISSIONARY U	UNION FOUNDATION, INC.
DOCUMENT NUMBER		
	**PLEASE FILE T	THE ATTACHED AND RETURN**
xxxxxxxx	Plain Copy	
	Certified Copy Certificate of Status	s e e e e e e e e e e e e e e e e e e e
1		FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Art Certificate of Good S	
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA NUMBER OF CERTIFIC		
TOTAL OWED \$35.0	0	ACCOUNT #: 120160000072
Please call Tina at	the above number for	or any issues or concerns. Thank you so much!

#### **COVER LETTER**

TO:

Amendment Section

Division of Corporations SUBJECT: WOMAN'S MISSIONARY UNION FOUNDATION, INC. Name of Corporation DOCUMENT NUMBER: F03000003930 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: Harbor Compliance Name of Contact Person Harbor Compliance Firm/Company 1830 Colonial Village Lane Address Lancaster, PA 17601 City/State and Zip Code support@registeredagentsinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (717 )844-6686 Area Code & Daytime Telephone Number Brian Kim 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)



January 14, 2025

CORRECTED
Please Allow For
Same File Date

Letter Number: 125A00000933

SUBJECT: WOMAN'S MISSIONARY UNION FOUNDATION, INC.

Ref. Number: F03000003930

We have received your document for WOMAN'S MISSIONARY UNION FOUNDATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name how it appears on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

2025 JAH 15 AM

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Sta $_{ m I}$ organized under the laws of the State of ${ m A}$ registered agent, or both, in the State of Flo	labama	his 	_
		ONARY UNION FOUNDATION, INC.			
2. The principal	office address: 100 Missionary Rdg	g, Birmingham, AL 35242 - 5236			
3. The mailing a					
4. Date of incorp	poration/qualification: 02/14/1995	Document number:			
5. The name and		stered agent and registered office on file with			
	C T CORPORATION SYSTEM				
	1200 S. PINE ISLAND RD.		Σ.	20	
	PLANTATION, FL 33324		LLAH	2025 JAN 13	
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered office	ASSEE, F	N 13 AF	
	Registered Agents Inc			AM 9: 38	
	7901 4th St N Ste 300	·	AUN AUN	38	
		P.O. Box NOT acceptable			
	St. Petersburg, FL 33702				
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	register	ed ag	ent,
Such change wa authorized by the	as authorized by resolution duly and board, or the corporation has b	adopted by its board of directors or by an open notified in writing of the change.	officer so	Ō	
Wiss Peggy C. Darby  Signature of director  Miss Peggy E. Darby President  Printed or typed name and to					
Signatu	receitur officer or director	Printed or typed name and title	<del></del> -	_	
I further agree of my duties, ar document is her	the appointment as registered as to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	olete per agent. v confirm	cform Or, if n thái	ance (this t the
David Roberts		02/14/2024			
Sig	poerts Institute of Registered Agent	Date			
If signing on bo	chalf of an entity:				
David :	Roberts - Assistant Secretary	_			
1	yped or Printed Name	-			
	* * * FILI	NG 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)