(Reques	tor's Name)		
(Address)		
(Address)		
(City/Sta	te/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	NOV 20 30%		

Office Use Only



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2024 NOV 19 PH 1: 36

Sunshine State Corporate Compliance Company

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

DATE 11/19/2024 ~WAL					
ENTITY NAME FELLOWSHIP OF RECONCILIATION, INC.					
DOCUMENT NUMBER					
	PLEASE FILE TI	HE ATTACHED AND RETURN			
xxxxxxxx	Plain Copy				
	Certified Copy				
	Certificate of Status				
	Certified Copy of Art Certificate of Good St				
	APOSTILLE'/I	NOTARIAL CERTIFICATION			
COUNTRY OF DESTINA	ATION				
NUMBER OF CERTIFIC	PATES REQUESTED				
TOTAL OWED \$35		ACCOUNT #: I20160000072			
		-5 8 FM			
Please call Tina at					

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: FELLOWSHIP OF RECONCILIATION, INC. Name of Corporation	2.		
Name of Conformion			
DOCUMENT NUMBER: F07000002791	·		
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:			
Brian Kim			
Name of Contact Person			
Harbor Compliance			
Firm/Company			
1830 Colonial Village Lane			
Address			
Lancaster, PA 17601			
City/State and Zip Code			
·			
E-mail address: (to be used for future annual repo	rt notification)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
For further information concerning this matter, please	call:		
Brian Kim	717 941 6686		
Name of Contact Person	at (717)844-6686 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytine Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Enclosed is a 355.00 check made payable to the Depar	then of State.		
Mailing Address:	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

statement of ch	ange is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of New York egistered agent, or both, in the State of Florida.
1. The name of	the corporation: FELLOWSHIP OF	RECONCILIATION, INC.
2. The principal Stony Point, NY	Toffice address: 180 W. Main Street	
3. The mailing		
		Document number: F07000002791
	d street address of the current registe rtment of State: (If resigned, enter re	red agent and registered office on file with the signed)
	INCORP SERVICES, INC.	
	3458 LAKESHORE DRIVE	
	TALLAHASSEE, FL 32312	
6. The name an (if changed):		agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N Ste 300	5
	St. Petersburg, FL 33702	O. Box NOT acceptable
The street addr	ess of its registered office and the state of its registered office and the state of the state o	treet address of the business office of its registered agent,
Such change wanthorized by t	as authorized by resolution duly add he board, or the corporation has be-	opted by its board of directors or by an officer so in notified in writing of the change.
Paul	Mango	Paul Mango Treasurer
Signati	ire of an officer of director	Printed or typed name and title
I further agrée of my duties, ar document is be	the appointment as registered ages to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the
David Re	grature of Registered Agent	11/18/2024
Sig	gnature of Registered Agent	Date
If signing on be	chalf of an entity:	
David	Roberts - Assistant Secretary	
. !	yped or Printed Name	
	* * * FILING	G 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)