F12000003754

	(Requestor's Name)				
	(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	1			
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2024 FEB 23 AMII: 17



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 316001 8440613 AUTHORIZATION : COST LIMIT : ORDER DATE: February 13, 2024 ORDER TIME : 1:39 PM ORDER NO. : 316001-007 CUSTOMER NO: 8440613 CHANGE OF AGENT NAME: FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050. inge is submitted for a corporation organ ir to change its registered office or registe	ized under the law	vs of the State of C	00	
1. The name of (the corporation: FELLOWSHIP OF CATH	IOLIC UNIVERSI	TY STUDENTS, I	NC.	
	office address:NT DR. GOLDEN, CO 80401				
3. The mailing a	nddress (if different):				
4. Date of incorp	poration/qualification: 09/12/2012	Document n	number:F120000	003754	
5. The name and	d street address of the current registered agriment of State: (If resigned, enter resigne	gent and registered			
	INCORP SERVICES, INC.			282 TAI	
	3458 LAKESHORE DRIVE			FEB T	1
	TALLAHASSEE	FL	32312	23 ASSI	
6. The name and (if changed):	d street address of the new registered agen Corporation Service Company	nt (if changed) and	l/or registered offi	TALLAHASSEE. FLORIDA	i '
	1201 Hays Street				
		NOT acceptable			
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the street a be identical.	address of the bus	siness office of its	registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of d lifted in writing o	irectors or by an of the change.	officer so	
Xi	e E agni	Jill Cilmi		Vice President	
l further agrée i of my duties, an document is bei corporation has	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	l naree to not in t	ed or typed name and title his capacity. e proper and comp tion as registered e address, I hereby		
Bv: X	hace Cokubly	2/22/2024			
	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	Asst. Vice President				
Ty	yped or Printed Nume				
	* * * FILING FE	E: \$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)