

F19 0000000435

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sigma Tau Sigma Sorority INC.
Name of Corporation

DOCUMENT NUMBER: F19000000435

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Thompasionas
Name of Contact Person

Firm/Company

2200 NE 4th AVE Unit 406
Address

Miami FL 33137
City/State and Zip Code

stsbravetre@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Thompasionas at (757) 956-9668
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
2019 SEP 13 PM 4:57
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2019 SEP 13 PM 4:57

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sigma Tau Sigma Sorority Inc
2. The principal office address: 2200 NE 4th Ave., Unit #406
Miami, FL 33137
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/24/2019 Document number: F19000000435

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)

Gwendolyn Harris
2445 NW 162nd Terrace
Miami Gardens, FL 33054

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

Sarah D. Thompasionas
2200 NE 4th Ave., Unit 406
P.O. Box NOT acceptable
Miami, FL 33137

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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.

Sarah D. Thompasionas Sarah D. Thompasionas, Chairperson
Signature of an officer or director 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.

Sarah D. Thompasionas _____
Signature of Registered Agent Date

If signing on behalf of an entity:

Sarah D. Thompasionas
Typed or Printed Name

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