Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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(((H23000004237 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6389

Promi

Account Name : C T CORPORATION SYSTEM

Account Number : FCACCCCCCC23 Phone : (954)208-0845 Fax Number : (614)573-3996

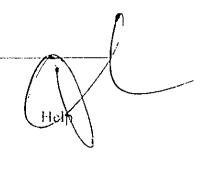
Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.

Email Address:

REGISTERED AGENT CHANGE CONSCIENCE COALITION INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	S43.75

Electronic Filing Menu — Corporate Filing Menu



To:

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

		organized under the laws of the State of registered agent, or both, in the State of Florida.	
1. The name of	the corporation; CONSCIENCE CO.	ALITION INC	
		LANE STE 264 VIRGINIA BEACH, VA 23462	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 10/21/2020	Document number: P20000004666	
5. The name an Florida Depa	d street address of the current register, transfer of State; (If resigned, enter re	ered agent and registered office on file with the esigned)	
	Rodrigues & Associates CPAs		
	101 N Missouri Ave		;
	Clearwater, FL 33755	d agent (if changed) and /or registered office	
6. The name an (if changed):	d street address of the new registered		
	CT Corporation System	. 8:	
	1200 South Pine Island Road	ယ	
	Plantation, Florida 33324	O. Box NOT acceptable	
The street addr	ess of its registered office and the s	treet address of the business office of its registered a	igent.
Such change wanthonized by t	as authorized by resolution duly ad- he board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	Υ.
Denie	ire of an officer or director	Chairman of the Board of Printed or typed name and title	& Director
I further agree of my duties, ar document is be	s oven noujiva in writing of this cho	l statutes relative to the proper and complete perform e obligation of my position as registered agent. Or, in the registered office address. I hereby confirm the	nance if this at the
Ст Социяния	1 System France	1/4/2023	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Crystle Stevens	on. Assistant Secretary		
ï	ypod or Printed Name		

Bv: