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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

## REGISTERED AGENT CHANGE COUNTY CITIZENS DEFENDING FREEDOM USA, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: COUNTY CITIZENS DEFENDING FREEDOM USA, INC.	
Name of Corporation	
DOCUMENT NUMBER: F21000005939	<u>.</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
JEROME	
Name of Contact Person	
Firm/Company	
784 S. CLEARWATER LOOP	~3
Address	202:
POST FALLS, ID 83854	
City/State and Zip Code	2023 HAR
filings@registeredagentsinc.com	
E-mail address: (to be used for future annual report notification)	AM 8: 31
For further information concerning this matter, please call:	3. 3.1 FE
JEROME at ( 509 ) 768-224	9
	e Telephone Number

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)

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

Pursuant to the provisions of sect. statement of change is submitted f in order to change its res	or a corporation organ		State of _	OH	this 	_
1. The name of the corporation: _	COUNTY CITIZENS	DEFENDING FREEDOM	USA. INC	· ·		
The principal office address:	590 NW 3RD STREE	T				
-	MULBERRY, FL 338	BG0				
3. The mailing address (if differer	nt):		_			
4. Date of incorporation/qualificat	tion: <u>10/06/2021</u>	Document number:	F210000	05939		<del>""</del> -
5. The name and street address of Florida Department of State: (1)	the current registered a	gent and registered office				
CORPORATI	ON SERVICE COMPA	NY				
1201 HAYS 8	TREET					
TALLAHASS	SEE, FL 32301					
6. The name and street address of (if changed):  REGISTERE	the new registered ager	nt (if changed) and /or regi	istered offi	ice-ii	2023 MAR - T	3 g
7901 4TH ST.				<u> </u>	AH	
ST. PETERSE	Р.О. Вол BURG, FL 33702	NOT acceptable		E, FL	ج ج ع	
The street address of its registere as changed will be identical.	ed office and the street	address of the business o	ffice of its	register	red age	nt.
Such change was authorized by rauthorized by the board, or the co	esolution duly adopted orporation has been no	I by its board of directors tilled in writing of the ch	or by an eange.	officer s	O	
Oteve Maseure Signature of an officer or direct	Massivell Steve Maxwell / President e of an officer or director Printed or typed name and title					
I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar w document is being filed merely to corporation has been notified in	as registered agent am e provisions of all statt with and accept the obli o reflect a change in th	utes relative to the propei igation of my position as , e registered office addres	acity. r and com registered is, I hereb	plete pe l'agent, y confiri	rformai Or, if t m that i	nce this the
David Rober	TUS	03/06/2023				
Signature of Registered Ag  If signing on behalf of an entity:	ent	Dat	c			_

David Roberts / Assistant Secretaty / Registered Agents Inc Typed or Printed Name

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