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(((H230001571373)))



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,	•		•
	To:		
		Division of Corporations	
		Fax Number : (850)617-6380	r
	From:		•
		Account Name : REGISTERED AGENTS INC.	
		Account Number : I20090000081	
		Phone : (307)200-2803	
		Fax Number : (855)330-1010	
Er		email address for this business entity to be used for future report mailings. Enter only one email address please.	7
52	Email A	ddress:	

REGISTERED AGENT CHANGE ALTRUIST PROPERTIES, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Status hange is submitted for a corporation organized under the laws of the State of Neva	da
	der to change its registered office or registered agent, or both, in the State of Floria	'a.
	f the corporation: Altruist Properties, Inc.	
2. The principal	al office address:	
	address (if different):	
4. Date of incor	prporation/qualification: 02/14/22 Document number: F22000001	142
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	2
	ANDERSON REGISTERED AGENTS, INC.	
	625 E TWIGGS STREET, STE 110	
	TAMPA, FL 33602	21.
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
	Registered Agents Inc	
	7901 4th St N STE 300	
	P.O. Box NOT acceptable St. Petersburg FL 33702	: 22
The street addr as changed will	iress of its registered office and the street address of the business office of its reg Il be identical.	istered agent.
Such change wauthorized by t	was authorized by resolution duly adopted by its board of directors or by an offic the board, or the corporation has been notified in writing of the change.	er so
Signate	LEON V DULION III, DP Printed or typed name and title	ST
l further agree of my duties, ar document is be	of the appointment as registered agent and agree to act in this capacity, eto comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age eing filed merely to reflect a change in the registered office address. I hereby coass been notified in writing of this change.	r performance nt. Or, if this njirm that the
Dold Riets	ignature of Registered Agent Date	
	behalf of an entity:	
David Rob	·	
	Typed or Printed Name	
	* * * FILING 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)