

(Requestor's Name)	
(Address)	
/A d d a a a a \	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
HORNE	
JUL 25 2024	

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500432051995

07/11/24--01004--011 **35.00



COVER LETTER

Amendment Section

TO:

SUBJECT: Christian Union, Inc	
Name of Corporation	
DOCUMENT NUMBER: F23000000626	
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing
Please return all correspondence concerning this matter to t	he following:
Vickie Coonan	
Name of Contact Person	
Christian Union, Inc	
Firm/Company	
19 Vandeventer Ave	
Address	
Princeton NJ08542	
City/State and Zip Code	
vickie.coonan@christianunion.org	
E-mail address: (to be used for future annual report no	tification)

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

Name of Contact Person

Amendment Section
Division of Corporations

at (609)681-2171
Area Code & Daytime Telephone Number

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

Vickie Coonan

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

statement of ch	ance is submitted for a c	07,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this arporation organized under the laws of the State of
I. The name of	the corporation: Christia	n Union
2. The principal Princeton, NJ 0	l office address: 19 Vande	venter Ave
•	uddress (if different):	
4. Date of incom	poration/qualification: [2/24 Document number: F23000000626
5. The name an		rrent registered agent and registered office on file with the
	resigned	
6. The name are (if changed):	d street address of the ne	w registered agent (if changed) and /or registered office
	Jocelyn Law	·
	1546 Tally Circle	·
	Oviedo, FL 32765	P.O. Box NOT acceptable
as changed will	be identical.	er and the street address of the business office of its registered agent, ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
	MA.	Peter A. Ahlin COO/CFO
	the appointment as reg the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflect to been notified in writing	Printed or typed them and take istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete performance d accept the obligation of my position as registered agent. Or, if this it a change in the registered office address, I hereby confirm that the g of this change.
/	10 XXIII	6-21-2024
Signing on bi-	half of an entite	Date
** **RinnR no oc	half of an entity:	
Victoria M. Coor		

* * * FILING PEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

(MAIL TO: DIVISION OF CORPORATIONS; P.O. BOX 6327, TALLAHASSEE, FL 32314)