F23000001277

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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NI CRETARY OF STATE

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A. RAMSEY

702250

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/14/2024	_		~ WALK	_N≈				
ENTITY NAME MISSION PRE-BORN, INC								
DOCUMENT NUMBER	R							
	PLEASE FILE THE	ATTACHED AND RETURN						
xxxxxxxx	Plain Copy							
	Certified Copy							
	Certificate of Status							
	Certified Copy of Arts 8 Certificate of Good Stand							
	APOSTILLE' / NO	TARIAL CERTIFICATION						
COUNTRY OF DESTIN	YATION							
NUMBER OF CERTIFIC	CATES REQUESTED							
TOTAL OWED \$35		ACCOUNT #: 120160000072						
Please call Tina at	the above number for an	ny issues or concerns. Thank you so	much!					



October 15, 2024

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

TALLAHASSEE, FL 32312

SUBJECT: MISSION: PRE-BORN, INC.

Ref. Number: F23000001277

CORRECTED
Please Allow For
Same File Date

We have received your document for MISSION: PRE-BORN, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The principal office address must be a street address. The mailing address may be a PO Box.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 924A00022713



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

	-		02, 007.1308, or 017.1300 inized under the laws of th		tes, this
			tered agent, or both, in the		da.
1. The name of	the corporation:	Mission Pre-Born. Ir	IC.		
2. The principal	office address:	4333 W 71st St, Indi	anapolis, IN 46268		
3. The mailing a	address (if differ	ent):			
4. Date of incorp	poration/qualific	eation: IN	Document number	F23000001	277
		of the current registered (If resigned, enter resign	agent and registered office red)	e on file with th	e
	REGISTERED	AGENTS INC			_
	7901 4TH ST	N, STE. 300			2024 OCT 14
	ST. PETERSB	JRG, FL 33702			007.1
6. The name and (if changed):	l street address o	of the new registered ag	ent (if changed) and /or reg	gistered office	是
	URS AGENTS	,LLC			<u> </u>
	3458 Lakesh	ore Drive			2.5
		P,O. B	x NOT acceptable		
	Tallahassee,	FL 32312			
as changed will	be identical.		t address of the business		
Such change was authorized by th	s authorized by the board, or the	resolution day adopte corporation has been n	ed by its board of director otified in writing of the c	s or by an offic hange.	er so
1/1/20	-xh/	7/2	Steve Ric	ce - Secretary	,
	re of an officer or dir.			ed name and title	
l hereby accept I further agree t of my duties, an document is bei corporation has	the appointment to comply with a d I am familiar ng filed merely been notified i	I as registered agent a he provisions of all sta with and accept the ob to reflect a change in t ywriting of this chang	nd agree to act in this cap tutes relative to the propo ligation of my position as he registered office addre	pacity. er and complet s registered ago ess, I hereby co	e performance ent. Or, if this infirm that the
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if signing on be	, ,		1 ("	— ι	
	ana - Assistan				
	pod or Printed Name				
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* * * 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)