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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

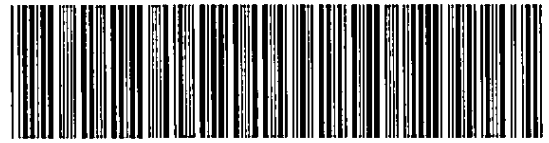
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 14 2022
S. PRATHI

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Living Vision of Alva Inc.
Name of Corporation

DOCUMENT NUMBER: 65-1120852

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roxanne I. Gause
Name of Contact Person

Firm/Company

1921 Goode Avenue
Address

Alva, FL 33920
City/State and Zip Code

gause.rl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxanne I. Gause at (239) 247-0193
Name of Contact Person Area Code & Daytime 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A Living Vision Of Alva Inc.

2. The principal office address: 21471 North River Road, Alva, Florida 33920

3. The mailing address (if different): PO Box 2022, Attn Roxanne Gause, Alva FL 33920

4. Date of incorporation/qualification: 07/25/2022 Document number: NO1000005992

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Emily R. Smith

21121 Wild Horse Drive

Alva, FL 33920

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Roxanne L. Gause

1921 Goode Ave

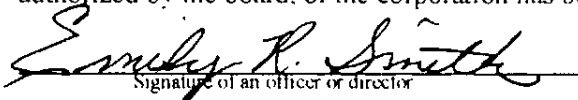
P.O. Box NOT acceptable

Alva, FL 33920

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FILING

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Emily R Smith, Director/Treasurer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

September 11, 2022
Date

If signing on behalf of an entity:

Roxanne Gause
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