

1101000005992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

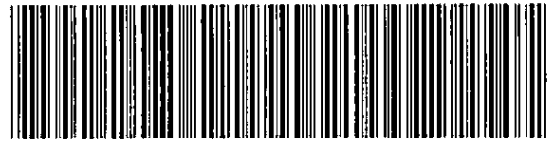
(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Living Vision of Alva Inc
Name of Corporation

DOCUMENT NUMBER _____

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:

Henry Grant Fichter

Name of Contact Person

Firm/Company

17281 N. River Rd

Address

Alva, FL 33920

City/State and Zip Code

grantfichter@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant Fichter _____ at (239) 872-2625

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: 1921 Goode Avenue, Alva, FL 33920
3. The mailing address (if different): PO Box 2022 Alva, FL 33920
4. Date of incorporation/qualification: 07/25/2022 Document number: N01000005992
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)

Roxanne L. Gause Roxanne

1921 Goode Avenue

Alva, FL 33920

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

Henry Grant Fitcher

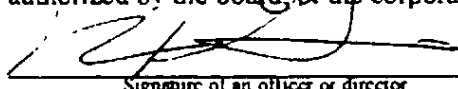
17281 N. River Rd

P.O. Box NOT acceptable

Alva, FL 33920

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.

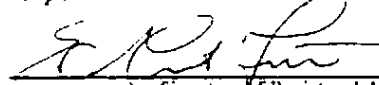


Signature of an officer or director

Roxanne L. Gause Treasurer/Director

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

May 19, 2024

Date

If signing on behalf of an entity:

Henry Grant Fitcher

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

CR21E045 (04/13)