

101000005992

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

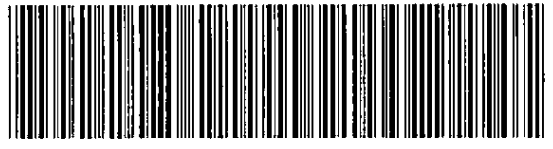
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(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):

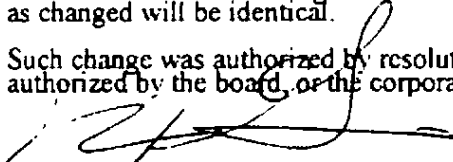
Henry Grant Fitcher  
17281 N. River Rd  
Alva, FL 33920

P.O. Box NOT acceptable

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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 \*\*\*