

NO10000008420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09/05/23

REG. # 187

R. HUNT

09/05/23

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Warriors Renewal Coalition  
(Name of Corporation)

DOCUMENT NUMBER: N01000008420

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen A. Bischoff  
(Name of Person)

Warriors Renewal Coalition  
(Name of Firm/Company)

222 US HWY 1 Suite 202  
(Address)

Tequesta FL 33469  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rheanna Pages at ( 561 ) 351 8023  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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DIVISION OF CORPORATIONS  
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: Warriors Renewal Coalition
2. The principal office address: 222 US Hwy 1, Suite 202  
Tequesta FL 33469
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
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)

Chuck Detman - RESIGNED  
910 Pottawatomie St.  
Jupiter FL 33458

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

KATHLEEN A. Bischoff  
222 S U.S Hwy #1, Ste 202  
P.O. Box NOT acceptable  
Tequesta, FL 33469

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.

K. Bischoff  
Signature of an officer or director

KATHLEEN A Bischoff  
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.

K. Bischoff  
Signature of Registered Agent

August 28, 2023  
Date

If signing on behalf of an entity:

KATHLEEN A. Bischoff  
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  
CR2E045 (04/13)

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