

N02000000819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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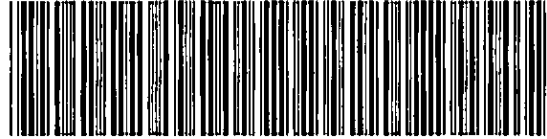
(Business Entity Name)

(Document Number)

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2022 JUL -5 PM 3:00
TALLAHASSEE, FLORIDA

10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRANCES E. WHITAKER SERENITY TRIANGLE CLUB INC
Name of Corporation

DOCUMENT NUMBER: N02000000819

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:

Michael R. Sharp Jr

Name of Contact Person

FRANCES E. WHITAKER SERENITY TRIANGLE CLUB INC

Firm/Company

704 E. Robinson Ave

Address

Crestview, FL 32536

City/State and Zip Code

mikenusat@yahoo.com

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

For further information concerning this matter, please call:

Michael R. Sharp Jr.

Name of Contact Person

at (850)

398-2802

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: FRANCES E. WHITAKER SERENITY TRIANGLE CLUB INC
2. The principal office address: 704 E ROBINSON AVE CRESTVIEW, FL 32539
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/30/2002 Document number: N02000000819
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)

Resigned

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

Michael R. Sharp Jr.

704 E ROBINSON AVE

P.O. Box NOT acceptable

CRESTVIEW, FL 32539 US

TALLAHASSEE, FLORIDA

2022 JUL -5 PM 3:00

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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.

Josh Weekly

Signature of an officer or director

Joshua Weekly

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.

Michael R. Sharp Jr.

Signature of Registered Agent

6/26/2022

Date

If signing on behalf of an entity:

Michael R. Sharp Jr.

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)