NO2458

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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C. BRUMBLEY JUN 2 1 2022

COVER LETTER

SUBJECT: First Church of the Brethrenoth Dorth Fort My Name of Corporation
DOCUMENT NUMBER: NO2458
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:
Allison Savage Name of Contact Person Hist Church of the Brothron, NFM Firm/Company HILL Clark St. Address N. Ft. Myeks, FL 33903 City/State and Zip Code First Cob North ft Myers@g mail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allison Savage at (239, 410-7482) 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

CR2E045 (04/13)

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: The First Church of the Brethren of North Fort. 2. The principal office address: 1691 Pacific Ave.
North Fort Myers, FL 33903
3. The mailing address (if different): P.O. Box 4565, N. Ft. Hyers, FL 33°
4. Date of incorporation/qualification: 4/10/84 Document number: N 03458
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)
Boatman Ricci, P.A. c/o Boatman Rica
3021 Lirport Pulling Rd N. Buite 202
Naples, FL 34105 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Allison Savage
461 Clark St. P.O. Box NOT acceptable
N. Ft. Myers, FL 33903
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.
Day Filler, Chair Printed of 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 4/28/22 Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *