NO7000001731

(Re	equestor's Name)	
•		
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900288377989

08/01/16--01024--002 **35.00

FILED SECRETARY OF STATE STATESTON OF CORPORATIONS

AUG 9 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MITH HERITAGE TESTIVAL TWO. Name of Corporation DOCUMENT NUMBER: 1070000 1731
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:
ROBERT ANIGHT Name of Contact Person
UNITY HERITAGE FESTIVAL INC.
1952 ALAMBRA CIRCLE
Apopka Ft 32703 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Lobert Wich At at (407) 489 - 7706 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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: UNITY HERITAGE FESTIVAL LNC.
2. The principal office address: 1952 ALAMBRA CIRCLE
APOPKA, FL 32703
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/14/2016 Document number: NO700001731
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)
P-0-BOX 1002
WINTER PARK, FR 32790
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
120BENG KN16147
1952 ALAMBRA CIRCLE
P.O. Box NOT acceptable
Apopla, Pl 32/03
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.
Assentitive of an officer or director Robert 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 Date
If signing on behalf of an entity:
ROBERT WIGHT

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