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COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT: The Society for the Par Name of Corporation	ESERVATION STRE GREATAMENT SONG
DOCUMENT NUMBER: NO 8 0000 0.38	Slo
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Missy Rubinson Petou	<u> </u>
Name of Contact Person	
Firm/Company	
Firm/Company 6 EXECUTIVE DR. SU Address F-41111119401, C+ 060. City/State and Zip Code	HS 109
Address	<u>, , </u>
FAMILING FOU. C+ 060.	32
City/State and Zip Code	
E-mail address: (to be used for future annual repo	(B, COI)
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Wiscu Bahinson Poton	1 860 1627 - 7577
Missy Robinson PE Fow Name of Contact Person	Area Code & Daytime Telephone Number
•	
Enclosed is a \$35.00 check made payable to the Depa	irtment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

• 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 FLORY A
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Societo for the Preservation of the Green Inveniors Song
2. The principal office address: 160 11.5. Klesh wrter Cire / wite 102
North Polin Bench, FL 33408
3. The mailing address (if different): 6 Executive DR., FAMILIA CIT. 06032
4. Date of incorporation/qualification: 4/21/2008 Document number: NO 800000 3856
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)
Nicholas H. Robinson Es 2
100 LAKESTIONE DR #2051 AR 2
North Palm Bench, Fe 33408 Pg 3 11
6. The name and street address of the new registered agent (if changed) and /or registered of the first (if changed):
Nicholas A Robinson
P.O. BOX NOT accordable
Nonth Palin Bench, FL. 33408
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
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 alchange in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
VSignature of Registered Agent U/8/2022 Date
If signing on behalf of an entity:
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