N0900001058

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Amendment Section

TO:

Division of Corporations SUBJECT: NU UPSILON ZETA, ZETA PHI BETA SORORITY INC Name of Corporation DOCUMENT NUMBER: N09000001058 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: SHATYSH WILLIAMS Name of Contact Person NU UPSILON ZETA, ZETA PHI BETA SORORITY INC Firm/Company PO BOX 16887 Address TEMPLE TERRACE, FL 33687 City/State and Zip Code NUUPSILONZETATREASURER@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHATYSH WILLIAMS at (347) 623-7149 Area Code & Daytime Telephone Number Name of Contact Person

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

t. The name of	the corporation: NU UPSILON ZETA, ZETA PHI BETA SORORITY INC		_
2. The principal	office address: 2623 E. 28TH AVENUE TAMPA, FL 33605		_
3. The mailing a	address (if different): P. O. BOX 16887 TEMPLE TERRACE, FL 33687		_
4. Date of incorp	poration/qualification: 02/02/2009 Document number: N09000001	058	
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the	
	Sturrup, Nakia (Resigned)		
	12911 Shady Fern Lanc		
	Gibsonton, FL 33534	69	~
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	100F12	024 NOV 22
	Parker, Rebecca	i	-
	8473 Quarter Horse Drive	OF S	WH 10: 20
	P.O. Box NOT acceptable Riverview, FL 33578	927	יט בֿי
		,-	
The street addreas changed will	ess of its registered office and the street address of the business office of its I be identical.	registered age	nt.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an o he board, or the corporation has been notified in writing of the change.	fficer so	
Shach	M Hilliams, Treasurer Shatysh Williams, Treasurer		
Signalii	are of an officer or director Printed or typed name and title		-
l further agree of my duties, ar document is ber corporation ha:	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	lete performa agent. Or, if t confirm that t	nce his he
F W	andarkie 10/19/2024		_
Sig	ghature of Registered Agent Date		
If signing on be	ehalf of an entity:		
T T	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)