



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** St. Vincent De Paul Society St Cecelia Conference Inc  
Name of Corporation

**DOCUMENT NUMBER:** N10000002331

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:

PATRICK KENIRY  
Name of Contact Person

St. Vincent de Paul Society St Cecelia Conference Inc.  
Firm/Company

750 BURLINGTON AVE N, UNIT 3E  
Address

St. Petersburg FL 33701  
City/State and Zip Code

PKENIRY@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK KENIRY at (813) 784-9066  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: St Vincent De Paul Society St Cecilia Conference Inc

2. The principal office address: 820 Jasmine Way Clearwater Fl 33756

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/8/2010 Document number: N10000002331

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)

MARIANNE M JOHNSON

401 N. LINCOLN AVE

Clearwater Fl 33755

FILED 18 MAY 17 PM 3:24 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

PATRICK KENIRY

750 BURLINGTON AVE N UNIT 3E

P.O. Box NOT acceptable

St. Petersburg Fl 33701

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

PATRICK KENIRY, PRESIDENT 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

5/15/18 Date

If signing on behalf of an entity:

Typed or Printed Name

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