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COVER LETTER

Division of Corporations			
SUBJECT: FLAMIN FLAMINGOES MODD FLEAS Charge of registered agent and Pres, VP.			
DOCUMENT NUMBER: N 10000010727			
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:			
DRAPER, JANICE A Name of Contact Person			
FLAMIN FLAMINGOES MODD FLEAS			
1331 Canborky Ct. Address			
Trinity FL 34655 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (127) 249-3004 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

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State ofF/O/1/O
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FIAMN FLAMINGOES MILITARY ORDER OF The De
2. The principal office address: 7241 Baillie, DR. NEW PORT RICHEY, FI
34653
3. The mailing address (if different): PO BOX 906 ELFERS, FL 34680
4. Date of incorporation/qualification: ////////////////////////////////////
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)
JOPPA, EVELYN B resigned
8617 KNOB HILL CT
NEW ONDI PICHEN EL 24653
NEW FORT RIVIE 9, FC OTOOS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TAUCE DRADER
1221 CODATA ITU OT
P.O. Box NOT acceptable
TRINTY FL 34655
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.
Dean Road DOES
Signature of an officer or director 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) 9/16/2016 Date
If signing on behalf of an entity:
The second secon

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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