

N11000009605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

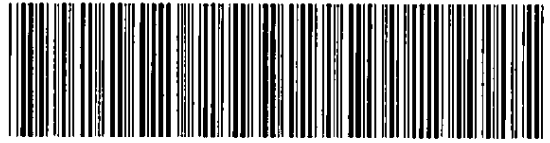
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100437774801

10/17/24--01002--005 **35.00

FILED
2024 NOV 19 AM 8:29
TALLAHASSEE, FLORIDA

COVER LETTER

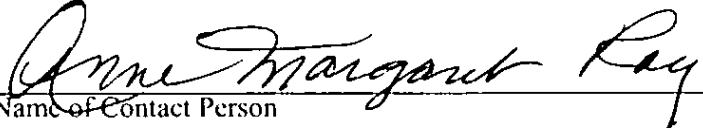
TO: Amendment Section
Division of Corporations

SUBJECT: VINCENTIAN CHARITIES, INC
Name of Corporation

DOCUMENT NUMBER: NI1000009605

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:


Name of Contact Person

ANNE MARGARET RAY

Firm/Company

1351 PAIGE PLACE

Address

LADY LAKE FL ORIDA 32159

City/State and Zip Code

raysunsray@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNE MARGARET RAY

Name of Contact Person

at (352) 454-2600

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2024

ANNE MARGARET RAY
1351 PAIGE PLACE
LADY LAKE, FL 32159

SUBJECT: VINCENTIAN CHARITIES, INC
Ref. Number: N11000009605

We have received your document for VINCENTIAN CHARITIES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Statement of Change of Registered Office/Agent has to be signed by a n officer or director.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 224A00024204

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: VINCENTIAN CHARITIES, INC
2. The principal office address: 1351 PAIGE PLACE, ;ADY LAKE FLORODA, 32159

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/112011 Document number: N11000009605

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)

Richard Allen Bigelow RESIGNED
712 Royal Palm Ave
LADY LAKE, FL 32159

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

ANNE MARGARET RAY
P.O. Box NOT acceptable
1351 PAIGE PLACE, LADY LAKE FLORIDA, 32159

TALLAHASSEE, FLORIDA
2024 NOV 19 AM 8:29
FILED

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.

Anne Margaret Ray ANNE MARGARET RAY
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.

Anne Margaret Ray 10/03/2024
Signature of Registered Agent 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
CR2E045 (04/13)