

712000007782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

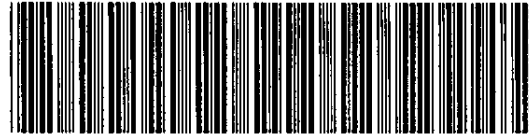
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 13 2013
T. LEMIEUX

AKO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE WORLD'S CONSCIOUS COMMUNITY INSTITUTE INC.
Name of Corporation

DOCUMENT NUMBER: N12000007782

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:

Christian Schenk

Name of Contact Person

Firm/Company

540 North State Road 434 Suite 70B

Address

Altamonte Springs, FL 32714

City/State and Zip Code

info@twccii.com

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

For further information concerning this matter, please call:

Christian Schenk

Name of Contact Person

at (**786**) **728 9378**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2013

CHRISTIAN SCHENK
540 N S.R. 434 STE 70B
ALTAMONTE SPRINGS, FL 32714

SUBJECT: THE WORLD'S CONSCIOUS COMMUNITY INSTITUTE INC.
Ref. Number: N12000007782

We have received your document for THE WORLD'S CONSCIOUS COMMUNITY INSTITUTE 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 registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 213A00019225

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: THE WORLD'S CONSCIOUS COMMUNITY INSTITUTE INC.
2. The principal office address: 540 North State Road 434 Suite 70B
Altamonte Springs, FL 32714
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/10/2012 Document number: N12000007782

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)

WHISTLER CONSULT INC.

515 E. PARK AVENUE

TALLAHASSEE, FL 32301

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

Christian Schenk

540 North State Road 434 Suite 70B

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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

Christian Schenk, CEO
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

08/05/2013

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 (03/12)

13 SEP 13 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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