

N12 000009511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

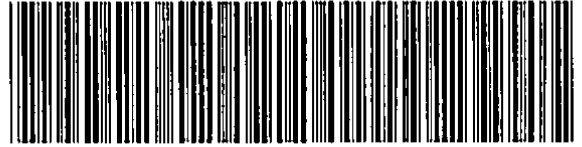
(Business Entity Name)

(Document Number)

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2020 MAY 29 PM 6:00

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2020 MAY 29 AM 9:14

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2020

SAUDI M. ELLIS  
ORLANDO CHAPTER OF CHUMS, INC.  
PO BOX 568612  
ORLANDO, FL 32856

SUBJECT: ORLANDO CHAPTER OF CHUMS, INC.  
Ref. Number: N12000009511

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

✓ 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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 520A00009760

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orlando Chapter of Chums, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N12000009511

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:

Saudi M. Ellis  
Name of Contact Person

Orlando Chapter of Chums, Inc  
Firm/Company

PO Box 568612  
Address

Orlando FL 32856  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) orlandochumsinc@gmail.com

For further information concerning this matter, please call:

Saudi M. Ellis at (407) 808-1677  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Orlando Chapter of Chums, Inc.  
2. The principal office address: 724 Coventry Rd, Davenport FL 33897  
3. The mailing address (if different): PO Box 568612, Orlando FL 32851  
4. Date of incorporation/qualification: 10/4/2012 Document number: N12000009511  
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)

Resigned - Cheryl Wynn  
3219 Gulfstream Rd  
Orlando, FL 32805

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

Gloria Bryant  
724 Coventry Rd  
P.O. Box NOT acceptable  
Davenport, FL 33897

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.

Saudi M. Ellis  
Signature of an officer or director

Saudi M. Ellis, Treasurer  
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.

x Gloria Bryant  
Signature of Registered Agent

x 4/22/2020  
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)

2020 MAY 29 PM 6:00