

N12655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

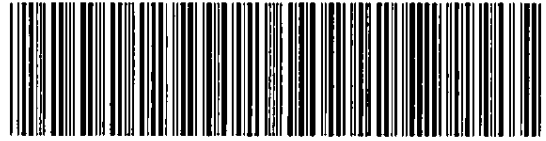
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000418934210

11/21/23--01009--020 ++35.00

2023.11.21 PM 12:40

R. HUNT
11/21/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. Matthew's Episcopal Church of the Diocese of Central Florida
Name of Corporation

DOCUMENT NUMBER: N12655

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:

Heather Rodriguez
Name of Contact Person
St. Matthew's Episcopal Church
Firm/Company
5873 N Dean Rd
Address
Orlando FL 32817
City/State and Zip Code
stmatthewsorlando@gmail.com

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

For further information concerning this matter, please call:

Heather Rodriguez at (407) 657-9199
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

2023 Jun 21 PM 12:40
OFFICE OF THE CLERK OF THE SUPREME COURT

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. Matthew's Episcopal Church of the Diocese of Central Florida
2. The principal office address: 5873 N Dean Rd, Orlando FL 32817

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: _____

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)
Anderson, Elizabeth M
Treasurer
5873 N Dean Rd, Orlando FL 32817

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Susan Fischer
Treasurer
5873 N Dean Rd, Orlando FL 32817
P.O. Box NOT acceptable

2023 JUN 21 11:12:40

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] _____ Heather Rodriguez, Parish Administrator
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.

Susan Fischer _____ 11/15/2023 _____
Signature of Registered Agent Date

If signing on behalf of an entity:
St. Matthew's Episcopal Church
Typed or Printed Name

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