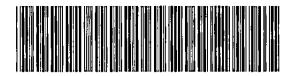
N13000000558

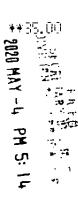
(Re	questor's Name)			
(Ad	dress)			
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(Cit	ry/State/Zip/Phone	e #)		
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COVER LETTER

ТО:	Amendment Section Division of Corporations		. •	
SUBJ	ECT: Pier49, Inc.			
Name	of Corporation			
DOC	JMENT NUMBER: N13000000558			
The e	nclosed Statement of Change of Registered Of	ffice/Agent and f	ee are submitted for fi	ling.
Please	return all correspondence concerning this ma	itter to the follow	ring:	
	·		C	
Kimbe	rly Fisher			
Name	of Contact Person	.		
Pier49	. Inc.			
Firm/0	Company			
9003 F	tushing River Way			
Addre	SS			
Nicevi	lle, FL 32578			
City/S	tate and Zip Code			
	kim@visioncatalyst.org			
E-mai	l address: (to be used for future annual rep	port notification	1)	
For fu	rther information concerning this matter, plea	se call:		
Kimbe	rly Fisher	at (650	759-2940	
	Name of Contact Person	Area C	759-2940 ode & Daytime Telep	hone 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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BUTH . . . FOR CORPORATIONS

statement of change	is submitted for a corporation orga	502, 607,1508, or 617,1508, Florida Statutes, th anized under the laws of the State ofFlorida stered agent, or both, in the State of Florida.	! <i>IS</i>	
The name of the	corporation: Pier49, Inc			
2. The principal off	ce address: 9003 Rushing River Way	, Niceville FL 32578		
3. The mailing addr	ess (if different):			- ,
4. Date of incorpora	ation/qualification: 02/25/2014	Document number: N13000000558		
5. The name and str Florida Departme	eet address of the current registered ent of State: (If resigned, enter resig	d agent and registered office on file with the med)		
Ki	mberly Fisher			
43	00 C Dr. E. Suito 300		2020	J.W.
De			1028 MAY -4	
6. The name and st (if changed):		gent (if changed) and /or registered office	rl :5 Hd	
9(03 Rushing River Way		•	*
	P.O.	Box NOT acceptable		
N	ceville FL 32578			
The street address as changed will be	of its registered office and the stre identical.	eet address of the business office of its register	ed ager	nt,
Such change was authorized by the	outhorized by resolution duly adop board, or the corporation has been	oted by its board of directors or by an officer sonotified in writing of the change.	5	
Kinterle	Just A	Kimberly Fisher, Board Treasurer		_
I hereby accept th I further agree to of my duties, and	an officer of director	and agree to act in this capacity. tatutes relative to the proper and complete pe obligation of my position as registered agent, the registered office address, I hereby confir	rformai Or, if t m thát i	nce his the
Kulu	6 Jan	4/14/2020		
Signa	in of Registered Agent	Date		_
If signing on beha	If of an entity:			
r	d or Printed Name			

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