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## **COVER LETTER**

TO: Amendment Sec Division of Cor		
SUBJECT: GIP	Lon the Run of Name of Corpo	the Big Rend Inc.
DOCUMENT NUMBI	er: N 300000	4225
The enclosed Statement	of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter to	the following:
	Vennifer I Name of Contac	POWE I
	Firm/Comp.	any
	562 East Co	ill Street
	Tall. FL 3	3230   Gip Code
E-m	•	The girls antheight, or annual seport notification)
For further information	concerning this matter, please call:	
Jenn'fet Name of	- Powell a	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Departmen	nt 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

## 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.
1. The name of the corporation: GIrls Ch The Ryn of the Big Bend Inc.
2. The principal office address: PO BOX 13686  TOUL FL 32317
3. The mailing address (if different):
4. Date of incorporation/qualification:
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)
<u> Florida Bankers Association</u>
6036 PICKWICK Rd Es 5
Tall, FL 32309 票 与 T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jennifer Powell # 5
T911. FL 32301
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 infollicer/opturector  EXECUTIVE 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 offmy 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 7/23/19 Date
If signing on behalf of an entity:
Jennifer Powell
Typed or Printed Name

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