N1300005677

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C. LEWIS

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EXAMMER

COVER LETTER

то:	CO: Amendment Section Division of Corporations			
SUBJECT: Sovereign Hospitaller Order of St. John of Jerusalem, Inc. Name of Corporation				
	Name of Corporation			
DOCU	MENT NUMBER: N13000005677			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	Keith Carson			
Name of Contact Person				
Sovereign Hospitaller Order of St. John of Jerusalem, Inc.				
Firm/Company				
6615 Boynton Beach Blvd., Suite 310				
Address				
Boynton Beach, FL 33437				
City/State and Zip Code				
colkeithcarson@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Keith Carson at (561) 880-8610 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 Street Address: Amendment Section			
	Division of Corporations Division of Corporations			
	P.O. Box 6327 Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT, OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.15 hange is submitted for a corporation organized under the laws of d der to change its registered office or registered agent, or both, in t	the State of Florida
1. The name of	f the corporation: Sovereign Hospitaller Order of St. John of Jeru	salem, Inc.
2. The principal	al office address: 6615 Boynton Beach Blvd., Suite 310	
Boynton Be	each, FL 33437	
3. The mailing a	g address (if different): N/A	
4. Date of incor	orporation/qualification: 06/18/13 Document numb	er: <u>N13000005677</u>
	nd street address of the current registered agent and registered officiartment of State: (If resigned, enter resigned)	ce on file with the
	United States Corporation Agents, Inc.	
	13302 Winding Oaks Blvd. Suite A	
	Tampa, FL 33612	J. 1850
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or r	registered office
	Keith Carson	
	6615 Boynton Beach Blvd., Suite 310	
	P.O. Box NOT acceptable	
	Boynton Beach, FL 33437	
The street address changed will	lress of its registered office and the street address of the business ll be identical.	office of its registered agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors the board, or the corporation has been notified in writing of the	ors or by an officer so change.
Signati	Pets . Keith Carson, Presid	ent sed name and title
perjormance of agent. Or, if the hereby confirm	of the appointment as registered agent and agree to act in this cae to comply with the provisions of all statutes relative to the proof my drives, and I am familiar with and accept the obligation of this document is being filed merely to reflect a change in the regulation of the corporation has been notified in writing of this change	my position as registered istered is
1	06/11/2014	
I	ehalf of an entity:	Date
	Trunch on Danie of Name	
L	Typed or Printed Name	

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