

NIS 00000 3361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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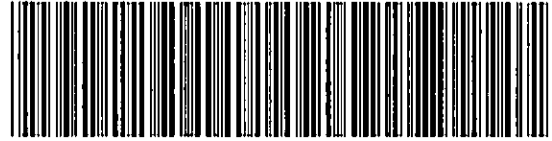
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: USNA Parents' Club of Central Florida Inc.  
Name of Corporation

DOCUMENT NUMBER: N15000003361

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:

Lisa Templin-Rayborn

Name of Contact Person

Firm/Company

11424 Cypress Drive

Address

Clermont, Florida 34711

City/State and Zip Code

usnapccfl@gmail.com

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

For further information concerning this matter, please call:

Lisa Templin-Rayborn

Name of Contact Person

at ( 321 ) 662-8171

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  
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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: USNA Parents' Club of Central Florida Inc.  
2. The principal office address: 1123 Duncan Drive, Winter Springs, Florida 32708

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/03/2015 Document number: N15000003361

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)

Dolores M. Gallo  
1123 Duncan Drive  
Winter Springs, Florida 32708

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

Lisa Templin-Rayborn  
11424 Cypress Drive  
P.O. Box NOT acceptable  
Clermont, Florida 34711

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STATE

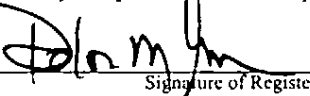
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

Dolores M. Gallo  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

November 14, 2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Dolores M. Gallo  
\_\_\_\_\_  
Typed or Printed Name

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