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JUN 30 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lake Wales Heritage, Inc. Name of Corporation
DOCUMENT NUMBER: N 15000004884
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:
Robert Connors
Name of Contact Person Lake Wdles Horitage
Firm/Company 207 East Dark Avenue
Calze Woles FL 33853
City/State and Zip Code Lakewalesheritage agmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Concerning this matter, please call: Concerning this matter, please call: at (863) 455-4925 Name of Contact Person Area Code & Daytime Telephone Number
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

CR2E045 (04/13)

$^{\circ}$ 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: Lake Wales Heritage Inc. 2. The principal office address: 207 East Park Avenue	
Lahe Wales FL 33853	
3. The mailing address (if different): PO Box 323, Lake Weles FL 3385	7
4. Date of incorporation/qualification: 5]11 2015 Document number: N1500000 488	4
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)	
Jessica Bray (resigned)	
28	
6. The name and street address of the new registered agent (if changed) and /or registered office; (if changed):	
Robert Connors 207 East Park Avenue P.O. Box NOT acceptable Lake Wales FL 33853	
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 anthorized by the board, or the corporation has been notified in writing of the change.	-4
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 performanc of my distinct 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.	e S
What Comos 6 5 12020	
Signature of Registered Agent If signing on behalf of an entity: Date	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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