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		Division of Cor ax Number	porations : (850)617-6380		SECRE	2022 JUN 24
2 JUN \$7 PM 12: 19	A P	account Number Phone Fax Number	: REGISTERED AGENTS : 120090000081 : (307)200-2803 : (855)330-1010		Y OF STATE	124 AM 11:06
Z022 JUN ₹	er-the ema annual rep 	il address for oort mailings. ress:	this business entit Enter only one emai	y to be used for t l address please.*	future * -	

REGISTERED AGENT CHANGE CENTRAL FLORIDA CULTURAL CONSORTIUM INC

Certificate of Status	0
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A. BUTLER

JUN 2 8 2022

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Help



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

statement of cha	provisions of sections 607.0502, inge is submitted for a corporation or to change its registered office o	on organiz	ed under the laws of the State o	ſ <u></u>	
	the corporation: Central Florid			j r ioriaa.	
	office address:				
2. The principal	office address.				
3. The mailing a	ddress (if different):				
4. Date of incorp	000008062				
	I street address of the current reg tment of State: (If resigned, ente			with the	
	Florida Registered Agen	t LLC		_ 00 20	
	7901 4th St N STE 300			DZ JU	
	St. Petersburg, FL 3370	2		H 24 AAR	
6. The name and (if changed):	I street address of the new registe	ered agent	(if changed) and /or registered	2022 JUN 24 AM II: 06 SECRETARY OF STATE TALLAHASSEE, FL	
	Registered Agents Inc	c		TATE OF	
	7901 4th St N STE 30	00		,	
	_		OT acceptable	_	
	St. Petersburg FL 337	702			
The street address changed will	ess of its registered office and the identical.	he street ad	ldress of the business office of	its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	/ adopted b been notif	y its board of directors or by a red in writing of the change.	an officer so	
R	: lug Tak		Riley Park		
-	re of an officer or director	_	Printed or typed name and		
I hereby accept I furthér agree of my duties, an document is bei corporation has	the appointment as registered of to comply with the provisions of d I am familiar with and accep ing filed merely to reflect a char s been notified in writing of this	agent and of all statute the obligation in the obligation in the inchange.	agree to act in this capacity. It relative to the proper and ca tion of my position as registe. registered office address, I her	omplete performance red agent. Or, if this reby confirm that the	
Belle			06/27/22		
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Bill Havre					
T	yped or Printed Name				

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