

N17 0000009047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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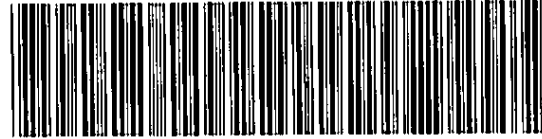
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 OCT 13 PM 1:38

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OCT 14 2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DiveN2Life  
Name of Corporation

**DOCUMENT NUMBER:** N17 00000 9047

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:

KAMA LEE CANNON  
Name of Contact Person

DIVEN2 LIFE  
Firm/Company

PO BOX 420194  
Address

SUMMERLAND KEY, FL 33042  
City/State and Zip Code

KAMA@DIVEN2Life.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAMA LEE CANNON at (305) 340-8827  
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

**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: DIVE N2 LIFE
2. The principal office address: 4670 DORN RD. BIG TORCH KEY, FL 33042
3. The mailing address (if different): PO BOX 420194 Summerland Key, FL
4. Date of incorporation/qualification: 31 Aug 2017 Document number: N17000009047 33042
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)  
resigned

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

KAMA LEE CANNON

4670 DORN RD.

Big Torch Key, FL 33042

P.O. Box NOT acceptable

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.

Kama Lee Cannon

Signature of an officer or director

KAMA LEE CANNON, PRESIDENT

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.

Kama Lee Cannon

Signature of Registered Agent

8 OCT 2020

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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