

N17000010284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

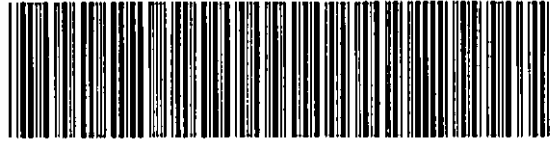
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: THE SHEPHERD'S REST, INC.  
Name of Corporation

DOCUMENT NUMBER: N17000070284

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:

William H. Harlow (President)  
Name of Contact Person

The Shepherd's Rest, Inc.  
Firm/Company

937 State Road 71 South  
Address

Marianna, Florida 32448  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) William@TheShepherdsRest.Org

For further information concerning this matter, please call:

William H. Harlow at (813) 956-6845  
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: THE SHEPHERD'S REST, INC.
- 2. The principal office address: 937 State Road 71 South  
Marianna, Florida 32448
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 10/12/2017 Document number: N17000010284
- 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)

J. Juanell Harlow  
9012 Copeland Road  
Tampa, FL 33637

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

J. Juanell Harlow  
937 State Road 71 South  
Marianna, Florida 32448

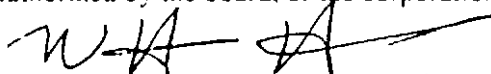
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

William H. Harlow  
 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

10/19/2021  
 Date

If signing on behalf of an entity:

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

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