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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## REGISTERED AGENT CHANGE UNITY PEACE PRAYER, INC

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of Florid	la
1. The name of	he corporation: Unity Peace Prayer, I	Inc	
	office address: 7901 4th St N STE 30		-
St. Petersbu			
	ddress (if different): 7901 4th St N ST	E 300 St. Petersburg FL 33702	<del></del>
	poration/qualification: 07/16/2018		
5. The name and	street address of the current registered age tment of State: (If resigned, enter resigned	ent and registered office on file with the	
	Madonna, Susan		
	10426 NW 13th LN		2027
	Gainesville, FL 32606		2022 ALG 10
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	
	Northwest Registered Agent	LLC .	PH 12: 3
	7901 4th St N STE 300		: SS
	P.O. Box 1 St. Petersburg FL 33702	NOT acceptable	
The street address changed will	ess of its registered office and the street as be identical.	ddress of the business office of its reg	istered agent,
Such change wa	as authorized by resolution duly adopted be board, or the corporation has been noti	by its board of directors or by an offic fied in writing of the change.	er so
	n Madonna	Susan Madonna, Chair	
I further agree of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete ation of my position as registered age registered office address. I hereby co.	e performance ent. Or, if this nfirm that the
Ton Gel	me_	8/10/2022	
Sig	nature of Registered Agent	Date	
	half of an entity:		
Tom Glove	r		
Т	yped or Printed Name	. ere oo + + +	
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)