| (Requestor's Name)   |  |  |  |  |
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| PICK-UP WAIT MAIL  |  |  |  |  |
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| (Business Entity Name)   |  |  |  |  |
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| (Document Number)  |  |  |  |  |
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| Certified Copies Certificates of Status  |  |  |  |  |
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| Special Instructions to Filing Officer:  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations VFN KINGDOM BUSINESS, INC. N18000008680 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: Greg Lancaster Name of Contact Person VFN Kingdom Business, Inc. Firm/Company 40 W. Nine Mile Road, #2, PMB 360 Address Pensacola, FL 32534 City/State and Zip Code GregLancaster@vfnkb.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gred Lancaster Area Code & Daytime Telephone Number Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of cha   | unge is submitted for a corporation organ  | 92, 607.1508, or 617.1508, Florida Statutes<br>nized under the laws of the State of <mark>Florida</mark><br>ered agent, or both, in the State of Florida |                    |  |
|--|--|--|--------------------|--|
| 1. The name of   | the corporation: VFN KINGDOM B   | USINESS, INC.  |                    |  |
|  | office address: 2245 Cricket Ridg<br>ent, FL 32533                                   | e Drive  |                    |  |
|  | address (if different): 40 W. Nine Mi<br>ola, FL 32534                               | le Road # 2, PMB 360   |                    |  |
| 4. Date of incor   | poration/qualification: 8/10/2019  | Document number: N18000008   | 680                |  |
| 5. The name and  |  | agent and registered office on file with the ed)   |                    |  |
|  | UNITED STATES CORPOR   | ATION AGENTS, INC.   |                    |  |
|  | 5575 S. SEMORAN BLVD. SUITE 36   |  |                    |  |
|  | ORLANDO, FL 32822  |  |                    |  |
| 6. The name and (if changed):  | d street address of the new registered age   | nt (if changed) and /or registered office  | <u></u>            |  |
|  | Greg Lancaster   |  | 19 Al              |  |
|  | 2245 Cricket Ridge Drive   |  | 19 AUG 29          |  |
|  | P.O. Box NOT   | acceptable   | € `F               |  |
|  | Cantonment, FL 32533   |  | APUR<br>PH 12      |  |
| The street address changed will  | ess of its registered office and the street be identical.                            | address of the business office of its regist   | ered-agent,        |  |
| Such change was authorized by the  | as authorized by resolution duly adopted<br>ne board, or the corporation has been no | by its board of directors or by an officer tified in writing of the change.  | so th              |  |
|  |  | Greg Lancaster   |                    |  |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th | mv duties, and I am familiar with and a  | utes relative to the proper and complete<br>accept the obligation of my position as reg<br>ect a change in the registered office addro                   | gistered<br>ess, I |  |
| 1  |  | 8.26.19  |                    |  |
| Sign   | nature of Registered Agent   | Date   |                    |  |
| It signing on be   | half of an entity:   |  |                    |  |
| Greg Lanca   | <del></del>  |  |                    |  |
| Т  | yped or Printed Name   |  |                    |  |

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