N19 00000 1065

(Re	equestor's Name)					
(Ac	dress)					
(Ac	ldress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL.				
(Bu	ısiness Entity Naı	me)				
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



100376436561

11/15/21--01011--012 (*25.02

2021 NOV 15 PH 2: 23

Ra Change

DEG 0.8 2021

D CUSHING

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: DAUGHTERS OF PENELOPE CHAPTER #356, II Name of Corporation	NC.		-		
DOCUMENT NUMBER: N19000001065			_		
The enclosed Statement of Change of Registered Office/Ago	ent and fee are	submitted for	filing.		
Please return all correspondence concerning this matter to the	ie following:				
MICHELE OVERBECK, CPA					
Name of Contact Person					
MICHELE OVERBECK, CPA					
Firm/Company					
Michele Overbeck, CPA					
Address					
12906 Millie Lane, HUDSONFL 34669					
City/State and Zip Code					
michele@overbeckcpa,com					
E-mail address: (to be used for future annual report not	ification)		_		
For further information concerning this matter, please call:	·		SECRE	202 1 NOV 15	<u></u> 1
Michele Overbeck at	(⁷²⁷)	409-5381F		1 5	LANGELT U
Name of Contact Person	Area Code &	Daytime Tele	phone N	umber	111
Enclosed is a \$35.00 check made payable to the Department	of State.		SIME	H 2: 23	

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

CR2E045 (04/13)

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

statement of cha	nge is submitted	for a corporation orga	92, 607.1508, or 617.150 nized under the laws of th	ne State of FLO	RIDA	
	=	2 2	tered agent, or both, in th ELOPE CHAPTER #356	e State of r torta	a.	
1. The name of the corporation: DAUGHTERS OF PENELOPE CHAPTER #356 6625 Rowan Rd., New Port Richey, FL 34653						
3. The mailing a	ddress (if differ	ent):				
			Document number		; 	
		of the current registered a	agent and registered officed)	e on file with the	2	
	George Psetas, I	Esq (Deceased)				
	10816 US 19 N,	Ste 105				
	New Port Riche	y, FL 34654				
6. The name and (if changed):	l street address o	of the new registered age	ent (if changed) and /or re	gistered office	2021 NOV 15 PH 2: SECRETARY OF ST	
	Michele Overbe	ck, CPA			7 7 7	
	12606 Millie La	ne		7	V 15 PH	
		P.O. Bo	x NOT acceptable		7.0	
	HUDSON) 34669	· · · · · · · · · · · · · · · · · · ·		7. 23 FL 23	
The street addre	ess of its register be identical.	red office and the street	address of the business	office of its reg	istered agent,	
Such change wa authorized by th	is authorized by	resolution duly adopte corporation has been no	d by its board of director otified in writing of the c	rs or by an offic change.	er so	
	1/100	`	Eleftheria (Vicky) Izvir	nko, President		
7	e of an.officer or dire			ed name and title		
of my duties, an document is bei	d I am familiar ng filed merely	it as registered agent ar the provisions of all stat with and accept the obt to reflect a change in th n writing of this change	nd agree to act in this ca tutes relative to the prop ligation of my position a ne registered office addro	pacity. er and complete s registered age ess, I hereby co	e performance ont. Or, if this of the office	
Muli	nature of Registered	NOUCK Agent	11-10	-2021 Date		
If signing on be	half of an entity	r:				
Michele	ped or Printed Name	erbeck				

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