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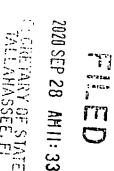
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: Senior Champions Fell Name of Corporation	auship Hall, Inc
DOCUMENT NUMBER: N 200000	3120
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
LaVerne Lanier Name of Contact Person	
Senior Champions Fellowship	Hall In
205 Magnolia Ave	
205 Magnolia Ave Address Keystone Heights, FC 3 City/State and Zip Code	2656
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
LaVerne Lanier Name of Contact Person	at (904) 769 - 8724 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

• 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Sensor Champions Fellowship Hall, Inc.	
2. The principal office address: 205 Magnolia Ave	
Keystone Heights FC 32656	
3. The mailing address (if different): P.O. Box 2228, Keystone Heights, FL 3265	6
4. Date of incorporation/qualification: 3/16/2020 Document number: N2000003120	
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)	
Kathie Monroe, resigned	
7604 W Oscenla Ct	
Keystone Heights, FC 32656	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Laverne Lanier	
7740 Lilly Pad Lane P.O. Box NOT acceptable Keysfone Heights, Fe 32656	
P.O. Box NOT acceptable	
Keystone Heights, FC 32656	
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 Myra Lewis President Printed or typed harne 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 Date	
If signing on behalf of an entity:	
Laberne Lanier	
Typed or Printed Name	

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