

# N200000009484

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

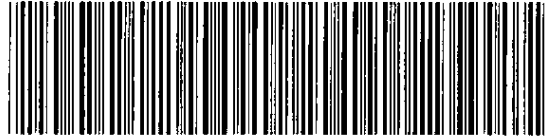
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500435261565

08/23/24--01024--003 \*\*35.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 23 PM 12:37

FILED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Zeta Phi Beta Sorority, Inc.- Geographical Area III  
Name of Corporation

**DOCUMENT NUMBER:** N20000009484

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:

Tiffeny Cross

Name of Contact Person

Zeta Phi Beta Sorority, Inc.- Geographical Area III

Firm/Company

567 Hernando Place

Address

Clermont, FL 34715

City/State and Zip Code

the1920@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffeny Cross

Name of Contact Person

at ( 352 )

552-8703

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: Zeta Phi Beta Sorority, Inc.- Geographical Area III
2. The principal office address: 567 Hernando Place, Clermont, FL 34715
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/24/2020 Document number: N20000009484
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)

Dr. Sherry Pough

919 Glazebrook Loop

Orange City, FL 32763

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

Tiffany Cross

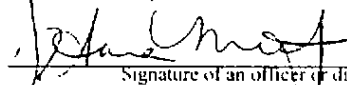
567 Hernando Place

P.O. Box NOT acceptable

Clermont, FL 34715


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

Dianna Montfort Secretary  
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

8/18/2024  
Date

If signing on behalf of an entity:

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

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
2024 AUG 23 PM 12:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA