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		: REGISTERED AGENTS INC.	
		: 120090000081	~
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			2021 FL3
		this business entity to be use	
annual	report mailings.	Enter only one email address pl	lease.**
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REGISTERED AGENT CHANGE GAMMA ETA ALPHA MILITARY SORORITY, INC.

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Help 6 2021

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

statement of cha	nge is submitted for a corporation	of 17.0502, 607.1508, or 617.1508, Florida Statutes, this in organized under the laws of the State of Florida.	
1. The name of t	he corporation: GAMMA ETA ALF	PHA MILITARY SORORITY, INC.	
2. The principal	office address: 7901 4th St N ST	E 300	
St. Petersbur	g FL 33702		
3. The mailing a	ddress (if different): 7901 4th St N	STE 300	
St. Petersbu	irg FL 33702		
4. Date of incorp	poration/qualification: 02/24/2021	1 Document number: N21000002148	
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	LISA COOLEY		
	7278 BLAIRTON WAY		
	JACKSONVILLE, FL 32222	202	
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	
	Northwest Registered		į
	7901 4th St N STE 300	Agent LLC SET STATE OS	j
	St. Petersburg FL 3370	<u> </u>	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	
Lilsa C	OOLEY _	LISA COOLEY - CFO	
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered as the appointment as registered as to comply with the provisions of my duties, and I am familiar with is document is being filed merely that the corporation has been no	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete th and accept the obligation of my position as registered to reflect a change in the registered office address, I ntified in writing of this change.	
lon	(Tlove	2/25/2021	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Tom Glove		_	
τ_{2}	yped or Printed Name		

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