

NA10000002796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE

J SIMMONS  
FEB 10 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Your Destiny Calls Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N21000002796

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:

Lisa Palmere  
Name of Contact Person

Your Destiny Calls Inc.  
Firm/Company

215 Prince Albert Ave  
Address

Saint Johns FL 32259  
City/State and Zip Code

E-mail address: lpalmere@yahoo.com  
(to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Palmere at ( 781 ) 258-5380  
Name of Contact Person 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: Your Destiny Calls Inc.
2. The principal office address: 215 Prince Albert Ave  
Saint Johns Fl 32259
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 3/9/2001 Document number: N21000002796
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)

United States Corporation Agents Inc  
5575 S Semoran Blvd Suite 36  
Orlando Fl 32822

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Lisa Palmere  
215 Prince Albert Ave  
P.O. Box NOT acceptable  
Saint Johns Fl 32259

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.

Lisa Palmere  
Signature of an officer or director

Lisa Palmere  
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.

Lisa Palmere  
Signature of Registered Agent

1/20/2022  
Date

If signing on behalf of an entity:

Lisa Palmere  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE