

N22 000006091

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(City/State/Zip/Phone #)

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SOUTHERN DISTRICT OF FLORIDA  
FALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Village Veterans Association Incorporated  
Name of Corporation

DOCUMENT NUMBER: N22000006091

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:

Christopher R. Biernaski

Name of Contact Person

The Village Veterans Association Incorporated

Firm/Company

1492 Aldersgate Dr Apt 7

Address

Kissimmee FL 34746

City/State and Zip Code

cbiernaski@gmail.com

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

For further information concerning this matter, please call:

Christopher R. Biernaski

Name of Contact Person

at ( 321 ) 3331627

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: The Village Veterans Association Incorporated  
2. The principal office address: 1492 Aldersgate Dr Apt 7 Kissimmee FL 34746

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/09/2022 Document number: N22000006091

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)

LEGALINC CORPORATE SERVICES INC

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS FL 33907

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

David Frye

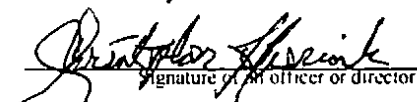
1610 Calvin Cir

P.O. Box NOT acceptable

Kissimmee FL 347416

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

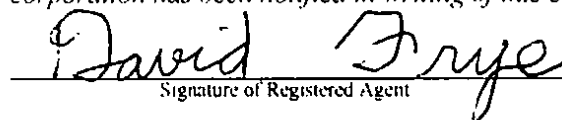
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Christopher R Biernaski President/Chairman

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

5/23/2023  
Date

If signing on behalf of an entity:

David Frye  
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  
23 JUN 20 PM 12:16  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS