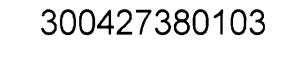
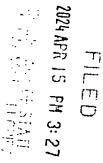
## N23000002923

(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:			
J. HORNE MAY - 1 2024			

Office Use Only



pr M5/24--01015--013 →#95.50



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

statement of cl	hange is submitted for a corporation or	ganized under the laws of the State of FLORIDA gistered agent, or both, in the State of Florida.	
	f the corporation: NEWSPRING CHURO		
2. The principa	al office address: 7920 GRIMSBY LANE	, NEW PORT RICHEY, FL 34655	
4. Date of incorporation/qualification:		Document number: N23000002923	
5. The name ar		ed agent and registered office on file with the	
	UNITED STATES CORPORATION A	AGENTS, INC	
	476 RIVERSIDE AVE		
	JACKSONVILLE, FL 32202		
6. The name ar (if changed)	<del>-</del>	agent (if changed) and /or registered office	
	ROXANNE FREED	2021	
	3575 FAIRWAY FOREST DRIVE	Box NOT acceptable	
	P.O PALM HARBOR, FL 34695	Box NOT acceptable	
The street add as changed wi	ress of its registered office and the str Il be identical.	cet address of the business office of its registered agent.	
Such change vauthorized by	was authorized by resolution duly ador the board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.	
6		Cody Bracy Director	
•	ture of an officer of director	Printed or typed name and title	
I hereby accept further agree of my duties, a document is be corporation him.	ot the appointment as registered agent e to comply with the provisions of all s and I am familiar with and accept the eing filed merely to reflect a change in as been notified in writing of this char	t and agree to act in this capacity, statutes relative to the proper and complete performancy obligation of my position as registered agent. Or, if this is the registered office address, I hereby confirm that the age.	
Royanne Treed		2/23/2024	
S	ignature of Registered Agent	Date	
If signing on b	oehalf of an entity:		
NEW SPRING	CHURCH TARPON, INC		
	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