

N230000005428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

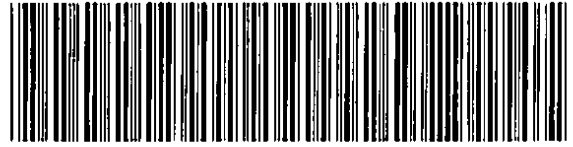
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TO: Amendment Section
Division of Corporations

SUBJECT: Alpha Kappa Alpha Sorority, Inc. Mu Upsilon Omega
Name of Corporation

DOCUMENT NUMBER: N 2300 000 5428

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:

Kimberly Green
Name of Contact Person

Firm/Company

4169 NW 37th Terr
Address

Gainesville FL 32606
City/State and Zip Code

mu01908president@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Green at (352) 317-2316
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: Alpha Kappa Alpha Sorority Inc., Mu Upsilon Omega
2. The principal office address: 4169 NW 31th Terr
Gainesville FL 32606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/2/23 Document number: N23000005428
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)

Kutanya Soulell
378 Turkey Creek
Alachua, FL 32615

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

Amelia Hall
1225 SE. 13th Street
P.O. Box NOT acceptable
Gainesville, Florida 32641

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TALLAHASSEE, FL
SECRETARY OF STATE

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.

Kimberly Green
Signature of an officer or director

Kimberly Green
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.

Amelia Hall
Signature of Registered Agent

11-16-23
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)