N23000006264

(Requestor's Name)						
(Address)						
(Address)						
(riddress)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
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2023 SEP 25 Pit 4: 28

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ Name	ECT: Avalon Park Rotary Foundation, Inc. of Corporation
DOC	UMENT NUMBER: N23000006264
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Foulks
Name	of Contact Person
Rotary	Club of Avalon Park
Firm/	Company
3564 /	AVALON PARK BLVD, E STE I #112
Addro	SS
Orland	lo, FL 32828
City/S	tate and Zip Code
	avalonparkrotary@gmail.com
E-ma	il address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
Rober	t Foulks at (407)488-5111
	t Foulks at (407)488-5111 Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed 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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida S rganized under the laws of the State of \overline{F} gistered agent, or both, in the State of F	lorida	his ———	-	
i. The name of t	he corporation: Avalon Park Rotary F	oundation, Inc.				
2. The principal	office address: 3564 AVALON PARK	SBLVD, E STE 1 #11 2ORLANDO, FL 32	2828		-	
3. The mailing a	ddress (if different):				-	
4. Date of incorporation/qualification: May 8, 2023 Document number: N23000006264						
	street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file witingned)	th the			
	Resigned (Jennifer Giessler)					
	3564 AVALON PARK BLVD, E STE	E 1 #112 ORLANDO, FL 32828	,			
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered off	ice.	2023 SEP 2		
	Robert Foulks			ن ا	j 	
	3564 AVALON PARK BLVD, E STE	E 1 #112 ORLANDO, FL 32828		7	: 1.22	
	P.C	O. Box NOT acceptable		կ։ 28		
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its	s register	ed ager	nt,	
Such change was	as authorized by resolution duly add ne board, or the corporation has been	opted by its board of directors or by an in notified in writing of the change.	officer so)		
	16	Robert Foulks, Secretary	1		_	
I hereby accept I further agree to of my duties, an document is bei	of an officer or director the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	statutes relative to the proper and com obligation of my position as registered in the registered office address, I hereb	inlete nei	formar Or, if t n that t	ıce his he	
[2]	4	September 15, 2023				
Sig	nature of Registered Agent	Date			_	
If signing on be	half of an entity:					
Avalon Park Rot	ary Foundation, Inc.					
T	yped or Printed Name					

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