

N230000006569
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

23 NOV -2 PM 12:12

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
SACCAVADI DHAMMA CENTER INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

11
Nov-3-23

2023 NOV -2 PM 3:36

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H23000381739 3)))

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: SACCAVADI DHAMMA CENTER INC.
2. The principal office address: 7851 Bartholomew Drive North Fort Myers, FL. US. 33917
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/30/2023 Document number: N23000006567
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)

KYL YLN
8203 FOREGO ROAD
PALM BEACH GARDENS, FL 33418

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LEGALINC CORPORATE SERVICES INC.
476 Riverside Ave.
P O Box NOT acceptable
Jacksonville, FL 32202

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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: Sacca Nyana

Sacca Nyana, President
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: John Moseley

Date: 10/19/2023

If signing on behalf of an entity:

John Moseley
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)

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