## N23000001833

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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06/23/23--01032--026 \*\*35.00





TO: Amendment Section Division of Corporations

SUBJECT: Ka Lotus Sanctuary, Inc.	
Name of Corporation	
DOCUMENT NUMBER: N23000006833	
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:
Heather Delaporte	
Name of Contact Person	<del></del>
Ka Lotus Sanctuary. Inc.	
Firm/Company	
737 Sugarfoot Lanc	
Address	
Fruitland Park, FL 34731	
City/State and Zip Code	
heather.ues@gmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	dl:
Melanie Swift Guin, MNM	at (321 ) 236-7292  Area Code & Daytime Telephone Number
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

CR2E045 (04/13)

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

•	•	02, 617.0502, 607.1508, or 617.1508, Florida Statu ation organized under the laws of the State of Flori	
in orde	er to change its registered offic	ce or registered agent, or both, in the State of Florid	da.
1. The name of	the corporation: Ka Lotus Sand	ctuary, Inc.	
		Lane, Fruitland Park, FL 34731	
_	,		
4. Date of incorp	poration/qualification: June 5,	2023 Document number: N2300000683	
	d street address of the current of State: (If resigned, e	registered agent and registered office on file with the nter resigned)	ie
	Heather Amador Delaporte		
	379 Putnam Lane	<u></u>	. ~
	Lake Mary, FL 32746	지원 	F1L 23 JUN 23
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered of the	Œ D
	Heather Amador Delaporte	ESTA OFA	5
	737 Sugarfoot Lane	5.	57
		P.O. Box NOT acceptable	
	Fruitland Park, FL 34731		
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its reg	gistered agent,
Such change wauthorized by the	as authorized by resolution d he board, or the corporation h	uly adopted by its board of directors or by an official been notified in writing of the change.	cer so
Heather Am	ader Delaparte	Heather Amador Delaporte	
Č	ire of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registere to comply with the provision nd I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complet sept the obligation of my position as registered ag hange in the registered office address, I hereby co his change.	te performance ent. Or, if this onfirm that the
Heather Am	nader Delaparte	June 19, 2023	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Typed or Printed Name		
	• •		

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