

N24 00000 2043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

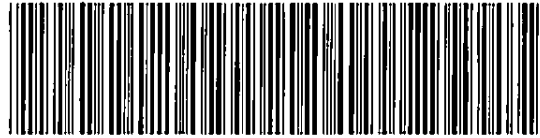
(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Well Chapel Corporation
Name of Corporation

DOCUMENT NUMBER: N24000002043

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:

Christopher Conley

Name of Contact Person

The Well Chapel Corporation

Firm/Company

109 Villa Perosa Way

Address

Nokomis, Florida

City/State and Zip Code

c.conley@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Conley

Name of Contact Person

at (860)

334-4097

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Well Chapel Corporation
2. The principal office address: 244 Villoressi Blvd
Nokomis, Florida, 34275
3. The mailing address (if different): 109 Villa Perosa Way Nokomis, Florida 34275
4. Date of incorporation/qualification: 2/24/2024 Document number: N24000002043
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)

Christopher M Conley

244 Villoressi Blvd.

Nokomis, Florida 34275

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

Christopher M Conley (remaining unchanged)

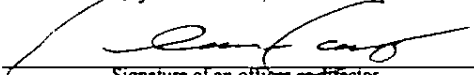
109 Villa Perosa Way

P.O. Box NOT acceptable

Nokomis, Florida

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

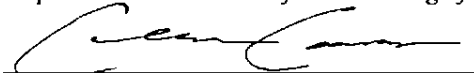
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Christopher M. Conley

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

6/24/2024

Date

If signing on behalf of an entity:

Christopher Conley
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)