

N 46623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

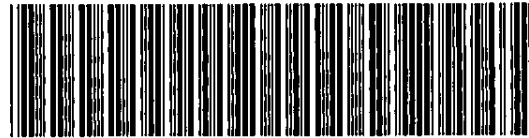
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 31 2012  
T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orthodox Brotherhood of St. Symeon the New Theologian Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N46623

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:

EUSEBIUS A. STEPHANOU

Name of Contact Person

Firm/Company

329 N. HOLIDAY RD.

Address

MIRAMAR BEACH, FL 32550

City/State and Zip Code

ST-SYMEON-NT@COX.NET

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

For further information concerning this matter, please call:

EUSEBIUS A. STEPHANOU

Name of Contact Person

at ( 850 )

654-2771

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Orthodox Brotherhood of St. Symeon the New Theologian, Inc.  
2. The principal office address: 329 N. HOLIDAY RD. MIRAMAR BEACH, FL, 32550

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/27/1991 Document number: N46623

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)

STEPHANOU, EUSEBIUS A.

276 N HOLIDAY RD

MIRAMAR BEACH, FL 32550 US

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

STEPHANOU, EUSEBIUS A.

329 N HOLIDAY RD

P.O. Box NOT acceptable

MIRAMAR BEACH, FL 32550 US

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.

Rev. Eusebius Stephanou  
Signature of an officer or director

REV. EUSEBIUS STEPHANOU, PRES.  
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.*

Rev. Eusebius Stephanou  
Signature of Registered Agent

Jan. 24-2012  
Date

If signing on behalf of an entity:

REV. EUSEBIUS STEPHANOU  
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 (8/05)

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