

N93000005449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

RA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDS STATE PRIMITIVE BAPTIST CONVENTION, INC
Name of Corporation

DOCUMENT NUMBER: N93000005449

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:

BURNEY, CHRIS A. ELDER DR.

Name of Contact Person

Firm/Company

5820 NORTH MONROE ST.

Address

TALLAHASSEE FL 32303

City/State and Zip Code

caburney22@yahoo.com

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

For further information concerning this matter, please call:

BURNEY, CHRIS A. ELDER DR

Name of Contact Person

at (850)

210-5003

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

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TALLAHASSEE, FL
SECRETARY OF STATE

**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: FLORIDA STATE PRIMITIVE BAPTIST CONVENTION, INC
2. The principal office address: 1015 ALABAMA STREET TALLAHASSEE, FL 32304 US

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/03/1993 Document number: N93000005449

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)

GIBSON, JAMES ESQ

1800 2ND STREET SUITE 717

SARASOTA, FL 34236 US

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

BURNEY, CHRIS A. ELDER DR.

5820 NORTH MONRO ST.

P.O. Box NOT acceptable

TALLAHASSEE, FL 32303

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.

James H Chester
Signature of an officer or director

BURNEY, CHRIS A. 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.

Chris A Burney
Signature of Registered Agent

12/20/22

Date

If signing on behalf of an entity:

BURNEY, CHRIS A.

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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2022 DEC 27 PM 1:43
STATE OF FLORIDA
DIVISION OF CORPORATIONS

P22000054304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

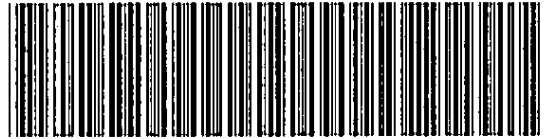
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TOLSON, MISSOURI, MO

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MAR 09 2023

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CYS FINANCIAL CORP.
Name of Corporation

DOCUMENT NUMBER: 22000054304

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:

Norman Marcus, Esq.

Name of Contact Person

Norman Marcus, P.A.

Firm/Company

8181 West Broward Blvd. - Suite 258

Address

Plantation, FL 33324

City/State and Zip Code

smayer821@gmail.com

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

For further information concerning this matter, please call:

Norman Marcus

Name of Contact Person

at (954)

475-2500 Ext. 22

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
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SECRETARY OF STATE
TALLAHASSEE, FL

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**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: CYS FINANCIAL CORP.
2. The principal office address: 14394 Pine Hollow Drive, Estero, FL 33928
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 7, 2022 Document number: 122000054304
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)

Filings, Inc.

3732 NW 16th Street, Fort Lauderdale, FL 33311

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

Steven Mayer

14394 Pine Hollow Drive, Estero, FL 33928

P.O. Box NOT acceptable

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]
Signature of an officer or director

Steven Mayer, President and Director
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]
Signature of Registered Agent

12/15/22
Date

If signing on behalf of an entity:

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
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