

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
|                         |                    |             |
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations The Grand Chapter of Florida Order of the Eastern Star, Inc. Name of Corporation N95000004033 DOCUMENT NUMBER: 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: Brenda E. Keepin Name of Contact Person The Grand Chapter of Florida Order of the Eastern Star, Inc. Firm/Company 6136 E. Highway 98 Panama City, FL 32404 City/State and Zip Code oesflgs@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda E. Keepin Name of Contact Person

**Mailing Address:** 

Enclosed is a \$35.00 check made payable to the Department of State.

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

|   |  | 7.0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of Florida  |              |
|---|--|---|--------------|
| in orde   | er to change its registered office or re   | egistered agent, or both, in the State of Florida.  |              |
| 1. The name of  | the corporation: The Grand Ch  | apter of Florida Order of the Eastern S   | tar, Inc     |
| 2. The principal  | office address: 6136 East High   | hway 98, Panama City, FL 32404  |              |
|   |  |   |              |
| 3. The mailing a  | address (if different): P.O. Box 3   | 35339, Panama City, FL 32412-5339   |              |
| 4. Date of incor  | poration/qualification: Aug 21, 1  | 1995  | 3            |
|   | d street address of the current register<br>rtment of State: (If resigned, enter res | red agent and registered office on file with the signed)  |              |
|   | Brenda G. Hendricks - re   | signed  |              |
|   | 6135 East Highway 98   |   |              |
|   | Panama City, FL 32404  |   |              |
| 6. The name and (if changed):                           | d street address of the new registered   | agent (if changed) and /or registered office  |              |
|   | Brenda E. Keepin   |   |              |
|   | 6136 East Highway 98   |   | **.c         |
| PO Box NOT acceptable                                   |  | <b>5</b> - 54<br>26 - 28  |              |
|   | Panama City, FL 32404  |   | 일 생품.<br>상류. |
| The street address changed will                         | ess of its registered office and the still be identical.                             | reet address of the business office of its registered a   | gent. 일본     |
| Such change wa<br>authorized by th                      | as authorized by resolution duly ado<br>he board, or the corporation has been        | pted by its board of directors or by an officer so notified in writing of the change.   | OF STA       |
| Mathi   | ire of an officer of director  | Heather Earnhardt, Worthy Grand Matro   | : 5m         |
| I further agree :<br>performance of<br>agent. Or, if th | my duties, and I am familiar with a  | statutes relative to the proper and complete<br>nd accept the obligation of my position as registered<br>reflect a chance in the registered office address. I | d            |
| Brenda  | mature of Registered Agent   | November 6, 2019  |              |
| If signing on be  | half of an entity:   |   |              |
| Brenda E. I   | Keepin   |   |              |
| []  | yped or Printed Name   |   |              |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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