N97000003423

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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: PONTE VEDRA BEACH CONGREGAT Name of Corporation	ION OF JEHOVAH'S WITNESESS INC
DOCUMENT NUMBER: N97000003423	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
DOUGLAS D WHITE	
Name of Contact Person	
Firm/Company	
167 Bison Trail	
Address	
Ponte Vedra Fl 32081	
City/State and Zip Code	
ddwhite@bisontrl.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	ease call:
Douiglas White	at (860)965 1130 Area Code & Daytime Telephone Numbe
Name of Contact Person	Area Code & Daytime Telephone Numbe

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of \underline{F}		
•	r to change its registered office or registered agent, or both, in the State of F		
1. The name of t	the corporation: PONTE VEDRA BEACH CONGREGATION OF JEHOVAH'S office address:	WITNE	SESS INC
2. The principal	office address:		
6 NORTH ROSC	COE BLVD PONTE EDRA BEACH FL 32082		
3. The mailing a	ddress (if different): PO BOX 2537 PONTE VEDRA BEACH FL 32204		
4. Date of incom	poration/qualification; JUNE 11 1997 Document number: N9700000)3423	
5. The name and	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)		
	ANGEL L BANTA		
	133 ABBACO WAY PONTE VEDRA BEACH FL 32082		
		SEC	2021
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off	RETARY	2021 MAR 18 A
	DOUGLAS D WHITE	유 유 유	OI HW
	P.O. Box NOT acceptable	E E	S+ :01 HB
	P.O. Box NOT acceptable	rri	GI.
The street addre	ss of its registered office and the street address of the business office of its be identical.	register	red agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.	officer s	0
	JONATHAN PENA PRESIDENT		
-	e of an officer or director Printed or typed name and till	i c	
i juriner agree it of my duties, and document is beir	the appointment as registered agent and agree to act in this capacity. O comply with the provisions of all statutes relative to the proper and com I am familiar with and accept the obligation of my position as registered by filed merely to reflect a change in the registered office address. I hereby been notified in writing of this change.	plete per agent. y confirm	formance Or, if this n that the
dhoudan	1 WD 3/9/2021		
Sign	ature of Registered Agent Date		
If signing on bel	nalf of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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