N 9	10000	0637	5	
Timothy J. Warfel				
	equestor's Name	Į		
2015 Centre Pointe Boulevard		.=		
Suite 105	Address	1		
	e, FL 32308 942-19			
City/State/Zip Phone #		Office Use	Office Use Only	
CORPORATION	NAME(S) & DOCUMENT N	UMBER(S), (if known):		
1. Connie Ma	y Fowler Women With poration Name)	h Wings Foundation	<u>, Inc</u>	
Se Cor	poration Name)	N 9700000637:	5	
Eller 4: Salar		· - 2	န္းဝ	
A CON CONTRACTOR OF THE CONTRA	poration Name)	(Document #)	S S S	
Con	poration Name)	(Document #)		
Service Control of Con		ो	Z Z	
To Walk in [Pick up time	Certified Copy	c f D	
Mail out	Will wait Photocopy		37	
NEW BINGS	AMENDMENTS			
Profit	Amendment			
NonProfit				
	Resignation of R.A., Officer/Di		15278610 0/0101002014	
Limited Liability	The street of 1 gold 17	90 Ress -08/1	0/0101002014 *35.00 *****35.00	
Domestication	Dissolution/Withdrawal			
Other	Merger			
Outher Shilder	RECESTRATEON	Hord		
Annual Report	— QUARRICATION	1000		
Fictitious Name	Foreign	4-10-01		
Name Reservation	Limited Partnership	DAY.		
	Reinstatement			
	Trademark	· - ` 		
	Other			

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0602, 617.0502, 067.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida Submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

State by Provide.	
1. The name of the corporation: Connie May Fow	ler Women With Wings Foundation, Inc.
2. The mailing address of the corporation: Walter	Bond House, Lloyd, Florida, 32337
3. Date of incorporation/qualification: 11/12/1997	Document number: N97000006375
4. The name and address of the current registered	agent and office:
Timothy J. Warfel	
Watter Bond House	
Lloyd, FL 32337	HASSE
5. The name and address of the new registered age (P.O. Box)	nt (if changed) and/or registered office (if changed). 1.37 Not Acceptable)
Timothy J. Warfe	ORIDE ORIGINAL STATE
	te Blud. Suite 105
Tallahassee, FL	
The street address of its registered office and the str as changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly ado	pted by its board of directors or by an officer so
authorized by the board.	8/1/21
(Signature of an officer, chairman or vice chairman of ti	le board) (Date)
If signing on behalf of an entity:	
Mika Fowler	Ţ.,
(Typed or Printed Name)	(Capacity)
*** FILING	FEE: \$35.00 ***
CR2E045(9/00)	
DIVISION OF CORPORATIONS	P.O. BOX 6327 TALLAHASSEE, FLORIDA, 32314