

P200000 34380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 05 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELEVATION REALTY, INC
Name of Corporation

DOCUMENT NUMBER: P20000034380

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:

Amanda "Ami" S. Walker
Name of Contact Person

Elevation Realty, Inc.
Firm/Company

4591 E HWY 20, Suite 202 G
Address

Niceville FL 32578
City/State and Zip Code

AmiWalkerRealtor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amunda "Ami" S. Walker at (850) 419-6116
Name of Contact Person 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

**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: Elevation Realty, Inc.
2. The principal office address: 4541 E HWY 20, Suite 202G,
Niceville, Florida 32578
3. The mailing address (if different): /
4. Date of incorporation/qualification: 7/1/20 Document number: P20000034380
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)

* WALKER S AMANDA
35 Parkwood Place
Niceville, FL 32578

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

* AMANDA S WALKER
315 Parkwood Place
Niceville, FL 32578

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.

AS Walker
Signature of an officer or director

Amanda S. Walker, 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.

AS Walker
Signature of Registered Agent

6-17-20
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
CR2E045 (04/13)