P200000043224

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

Amendment Section Division of Corporations

Puerto Rican Village Kins Community Florida, Inc.
Name of Corporation
DOCUMENT NUMBER: P20000043224
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:
Nicole Fey
Name of Contact Person
Firm/Company 6617 Cochise Drive
Address Knoxville, Tennessee 37918
City/State and Zip Code
yoganic2@gmail.com
yoganic2@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Nicole Fey 865 548-8208 = 548-8208
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

CR2F045 (04/13)

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

statement of ch	ange is suhmitted for a corporati	. 617.0502, 607.1508, or 617.1508, Florida Statu on organized under the laws of the State of Flori	da
in ora		or registered agent, or both, in the State of Florid	da.
1. The name of	fthe corporation: Puerto Rican V	illage Kins Community Florida, Inc.	
	ll office address: River Drive, Fort Pierce, Florida 34	982	
3. The mailing	address (if different):		
4. Date of incorporation/qualification: 06/09/2020 Document number: P20000043			24
5. The name an Florida Depa	nd street address of the current reg artment of State: (If resigned, enter	gistered agent and registered office on file with the resigned)	e
	Bruce Perlowin		
	8995 S. Indian River Drive		
	Fort Pierce, Florida 34982	(7) 	2027
6. The name an (if changed):		ered agent (if changed) and /or registered office	JUNIO S
	Nicole Fey	· ;-	. 19
	8995 S. Indian River Drive		
	Fort Pierce, Florida 34982	P.O. Box NOT acceptable	-
The street address changed will	ess of its registered office and the	e street address of the business office of its reg	istered agent,
Such change w authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so
Brut	Perlouin	Bruce Perlowin, President	
Signahi	ere of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, ar document is bet corporation has	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age, ge in the registered office address. I hereby con change.	performance nt. Or, if this nfirm that the
Nico	le Jay	June 10, 2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Nicole Fey			
T	yped or Printed Name	_	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45 (04/13)

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