P2000051679

(Requestor's Name)							
(Address)							
(100.000)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(4.1.							
Certified Copies Certificates of Status							
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COVER LETTER

TO:

Amendment Section Division of Corporations

Chinese Village Kins Community Florida, Inc. SUBJECT:					
Name of Corporation	-				
P20000051679 DOCUMENT NUMBER:			_ 		
The enclosed Statement of Change of Registered Office/Ager	nt and fee a	re submitted fo	r 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					
E-mail address: (to be used for future annual report notice	fication)			2022 JUH	er ett
For further information concerning this matter, please call:			(=-1, 1) 	JUN 13	, pt. 13
Nicole Fey at (865	548-8208		61	
Name of Contact Person	Area Code	& Daytime Te	lephone Nu		
Enclosed is a \$35.00 check made payable to the Department	of State.		<i>-</i> , , , ,	t t	

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

	e provisions of sections 607 ange is submitted for a cor			· ·
-	ler to change its registered	•	•	•
1. The name of	the corporation:	Village Kins Co	mmunity Florida, Inc.	
2. The principa				
3. The mailing	address (if different):			
4. Date of incorporation/qualification: Document number:				P20000051679
	nd street address of the currentment of State: (If resigne			on file with the
	Bruce Perlowin			
	8995 S. Indian River Drive	e		
	Fort Pierce, Florida 34982			
6. The name an (if changed):	nd street address of the new	registered agen	t (if changed) and /or regis	stered office
	8995 S. Indian River Drive	,,		
			NOT acceptable	<u> </u>
	Fort Pierce, Florida 34982		THE TAXABLE TO THE TA	
The street addr	ress of its registered office I be identical.	and the street a	ddress of the business of	fice of its registered agent.
Such change wauthorized by t	as authorized by resolution the board, or the corporation	on duly adopted on has been not	by its board of directors of the cha	or by an officer so inge.
Druce Parlarina			Bruce Perlowin, President	
Signati	ure of an officer or director	* *	Printed or typed r	name and title
I further agree of my duties, ai document is be	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect is been notified in writing	ions of all statu accept the oblig a change in the	l agree to act in this capa tes relative to the proper gation of my position as re registered office address	city. and complete performanc egistered agent. Or, if thi. . I hereby confirm that the
111	gnature of Registered Agent		June 7, 2022	
Si	gnature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
Nicole Fey				
7	Frankling Delegand Manage	···-		

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