

P20 000067879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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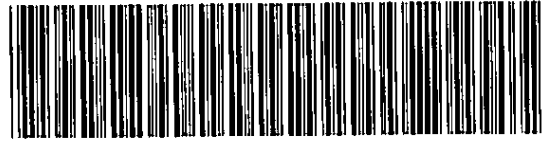
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

12/7/20

An

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SACRED RITES, INC.
Name of Corporation

DOCUMENT NUMBER: P0000067879

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:

Christopher Burkett

Name of Contact Person

SACRED RITES, INC.

Firm/Company

532 Tamiami Trl Unit 3

Address

Port Charlotte, FL 33953

City/State and Zip Code

odinsink@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Burkett

Name of Contact Person

at (

941

) 979-7878

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: SACRED RITES, INC.
2. The principal office address: 532 Tamiami Trl Unit 3
Port Charlotte, FL 33953
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/1/2020 Document number: P0000067879
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)

Christopher L. Burkett

2460 Bartek Place

North Port, FL 34289

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

Christopher L. Burkett


532 Tamiami Trl Unit 3

P.O. Box NOT acceptable

Port Charlotte, FL 33953

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.


Signature of an officer or director

Christopher L. Burkett, 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.


Signature of Registered Agent

October 26, 2020

Date

If signing on behalf of an entity:

Christopher L. Burkett

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)

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