P20000072115

(Requestor's Name)	
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(Document Number)	06/02/2101025010 **35.00
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Canaveral Crossing Resorts, Inc.	
DOCUMENT NUMBER: P 2 0 0 0 0 0 7 2 11 5	
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:	
Name of Contact Person Tiered Capital, Inc. Firm/Company II N. Orange Ave., Ste. 800 Address Orlando, FL 32801 City/State and Zip Code Therring @ tiered Capital. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Wie Herring at (407) 502-8349 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 Street Address: Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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: <u>Canaveral Crossing Resorts</u> Inc.
2. The principal office address: 111 N. Orange Ave. Ste. 800
3. The mailing address (if different): P.O. Box 1567, Or land, FL 3280Z
4. Date of incorporation/qualification: 09/09/2020 Document number: P 200000 72 \15
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)
The Bates Law Group
111 N. Orange Ave., Suite 800
Orlando FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
lulie Herrina 50 3
Julie Herring 125 W. Fern Dr. P.O. Box NOT acceptable
P.O. Box NOT acceptable
Orange City FL 32763
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 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 25 mAy 2021 Date
Signature of Registered Agent If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314

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