P20435

(Re	equestor's Name)	
(Àd	ldress)	····
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Aglow International, Incorporated

Name of Corporation

P20435

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

Aglow International
Firm/Company

PO Box 1749

Address

Edmonds, WA 98020-1749

City/State and Zip Code

kimberlywiant@aglow.org

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

For further information concerning this matter, please call:

Kimberly Wlant at (425 775-7282

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MENT 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, Florid statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of the State	Washington
1. The name of the corporation: Aglow International	
2. The principal office address: 123 2nd Ave S Suite #100 Edmonds, WA 9	98020
3. The mailing address (if different): PO Box 1749 Edmonds, WA 98020-17	49
4. Date of incorporation/qualification: 11/27/1972 Document number: P204	35
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
Joy Green	
2819 Fairway View Dr	_
Valrico, FL 33596	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): Rebecca Alpizar	2017 FEB 2
	- -
P.O. Box NOT acceptable	- : မွှဲ
Satellite Beach, FL 32937	00
The street address of its registered office and the street address of the business office of as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by ar authorized by the board, or the corporation has been notified in writing of the change.	officer so
Kay Rogers, Treasurer	
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 coperformance of my dulies, and I am familiar with and accept the obligation of my positions agent. Or, if this document is being filed merely to reflect a change in the registered offinereby confirm that the corporation has been notified in writing of this change.	mnl <i>ata</i>
Relucca 4 1/30/17 Signaturo-FReguered Agent 1/30/17	
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 (03/12)