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Wo laken	questor's Name) Address	
,		
(Ad	dress)	
(Cit	y/State/Zip/Phone #/	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	· · · · · · · · · · · · · · · · · · ·
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(Do	cument Number)	
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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,		
the undersigned corporation organized under the laws of the State of		
submits the following statement in order to change its registered office or registered agent, or both, in		
the State of Florida.		
1. The name of the corporation: TO FINCE OF (NOICE)		
Tot'l loc.		
2. The mailing address of the corporation: StoOS Tayset Or.		
3. Date of incorporation/qualification: 1998 Document number: 198001038		
4. The name and address of the current registered agent and registered office:		
Kiewy Vellen & Odan		
15 West Main STREET		
Persacola, FL 32501		
5. The name and address of the new registered agent (if changed) and /or registered office tif changed).		
(P.O. Box NOT Acceptable)		
- Wynde IVWINN		
2725 Masters Blud. 38 % 0		
Navarre Fl 32566		
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.		
authorized by the toard.		
(Signature of an officer, chairman or vice chairman of the board) (Date)		
MEND MC Mim		
(Printed or typed name and title)		
Having been named as registered agent and to accept service of process for the above stated corporation, 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.		
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name) (Capacity)		
* * * FILING FEE: \$35.00 * * *		
CR2E045(9/00) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		

TALLAHASSEE, FL 32314