## P99 000097565

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI Name	ECT: 909 CHURCH AVE., INC. of Corporation	
DOCU	MENT NUMBER: P99000097565	
The en	closed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing
	return all correspondence concerning this mat	
	P. GUNTER	
	of Contact Person	
LAWO	FFICE OF DAVID A. GUNTER, P.A.	
	ompany	·
	WICKHAM ROAD, SUITE 4001	
Address		
	DURNE, FL 32940-2025	
City/Sta	ate and Zip Code	
	susan@gunterlawoffice.com	
E-mail	address: (to be used for future annual rep	ort notification)
For furt	her information concerning this matter, please	e call:
SUSAN	P. GUNTER	
	Name of Contact Person	at (321 )428-4224  Area Code & Daytime Telephone Number
Enclose	d is a \$35.00 check made payable to the Depa	artment 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

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a corporation or	9502, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of <u>FLOG</u> gistered agent, or both, in the State of Floric	RIDA
	the corporation: 909 CHURCH AVE.,		•••
	office address: 617 GLADIOLA DR., I		
3. The mailing a	address (if different): P.O. BOX 32083	7, COCOA BEACH, FL 32932-0837	
		Document number: P99000097565	5
5. The name and		d agent and registered office on file with th	
	GUNTER, DAVID A.		
	7351 OFFICE PARK PLACE, SUITE	154	201
	MELBOURNE, FL 32940		2022 J.J. 21
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	. 21 PH
	LAW OFFICE OF DAVID A. GUNTE	CR, P.A.	
	6767 N. WICKHAM ROAD, SUITE 4	001	2
		Box NOT acceptable	
	MELBOURNE, FL 32940-2025		
The street address changed will	ess of its registered office and the stre be identical.	ect address of the business office of its reg	istered agent,
Such change was authorized by the	as authorized by resolution duly ador- ne board, or the corporation has been	nted by its board of directors or by an office notified in writing of the change.	er so
Qu	mes Krfuldi	JAMES K. GULDI	
// -	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in s been nuffied in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete obligation of my position as registered age the registered office address, I hereby co ge.	e performance ent. Or, if this nfirm that the
	HILL	JULY 11, 2022	
Sig	nature of Registered Agent	Date	<del></del> -
If signing on be	half of an entity:		
т	yped or Printed Name		

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