## P99000098877

(Requestor's Name)
(Address)
(Address)
(123,233)
(0) (0) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
J. HORNE
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10/29/21--81016--005 \*\*35.00

FILED 2021 OCT 29 AN 12: 53 SECRETARY OF SHARE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Worthington Guest House Inc	
SUBJECT: Worthington Guest House, Inc. Name of Corporation	
DOCUMENT NUMBER: P99000098877	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
James T. Durhan	
Name of Contact Person	
Worthington Guest House, Inc.	
Firm/Company	
806 Cypress Grove Ln. apt 108	
Address	
Pompano beach, FL 33069	
City/State and Zip Code	
jdurhan@gmail.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	se call:
James T. Durhan	at (954 ) 804-6764
Name of Contact Person	at (954 )804-6764  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment 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	change is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, to canized under the laws of the State of Florida istered agent, or both, in the State of Florida.	
1. The name	of the corporation: Worthington Guest Ho	ise, Inc.	
	pal office address: 806 Cypress Grove Ln.		
3. The mailin	ng address (if different):		
4. Date of incorporation/qualification: Document number: P99000098877			
	and street address of the current registere partment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	James T. Durhan		
	543 North Birch Rd.		
	Fort Lauderdale, FL 33304		
6. The name (if changed		gent (if changed) and /or registered office	2021 OCT 29
	806 Cypress Grove Ln. apt 108	#\ 	-
	P.O. Pompano Beach, FL 33069	Box NOT acceptable	AH 12: 5
The street ad as changed w	dress of its registered office and the stre	et address of the business office of its register	ယ ed agei
Such change authorized by	was authorized by resolution duly adop y the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	)
		James T. Durhan	
I hereby acce I further agro of my duties, document is i	ept the appointment as registered agent eet to comply with the provisions of all st and I am familiar with and accept the o being filed merely to reflect a change in has been notified in writing of this chang	Printed or typed name and title and agree to act in this capacity, atutes relative to the proper and complete per bligation of my position as registered agent. it the registered office address, I hereby confirm ge.	forma Or if t n that t
		10/26/2021	
	Signature of Registered Agent	Date	
If signing on	behalf of an entity:		
James T. Durl	nan		
	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 \* \* \*

CR2E045 (04/13)