I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under	
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	
above, or on an attachment with all other like empowered.	

SIGNATURE: PAMELA C. LAMBERT

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: PAMELA C. LAMBERT

Title	PRESIDENT	Title	VICE PRESIDENT
Name	LAMBERT, PAMELA	Name	ATWOOD, KAY
Address	1925 CLIFFORD STREET	Address	2638 ANGUILLA DRIVE
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	CAPE CORAL FL 33991
Title	TREASURER	Title	SECRETARY
Title Name	TREASURER TUFF, MELISSA	Title Name	SECRETARY GIDLEY, KAREN

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# Electronic Signature of Registered Agent **Officer/Director Detail :**

**Current Mailing Address:** 

406 S E 24TH AVENUE CAPE CORAL, FL 33990

**DOCUMENT# 728842** 

406 S E 24TH AVENUE CAPE CORAL, FL 33990

**Current Principal Place of Business:** 

# FEI Number: 59-1497339

# Name and Address of Current Registered Agent:

LAMBERT, PAMELA C 1028 SE 20TH AVENUE CAPE CORAL, FL 33990 US

Entity Name: CENTER FOR SPIRITUAL LIVING CAPE CORAL, INC.

### FILED Feb 09, 2021 Secretary of State 2876342375CC

02/09/2021 Date

Certificate of Status Desired: No

PRESIDENT

02/09/2021

Date