6-5223 US			
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.			
JONATHAN DERRINGTON			10/30/2023
Electronic Signature of Registered Agent			Date
tor Detail :			
DP	Title	DT	
DERRINGTON, JONATHAN	Name	HARDT, CHARLES	
14 NW 48 AVE	Address	14 NW 48 AVE	
MIAMI FL 33126-5223	City-State-Zip:	MIAMI FL 33126-5223	
DS			
HENNEBERY, MARC			
14 NW 48 AVE			
MIAMI FL 33126-5223			
e :1	A provide the statement for the purpose of changing its registered is a purpose of changing its registered its registered is a purpose of changing its registered its registered its purpose of changing its registered its purpose of changing its registered its purpose of changing its purpose of	JONATHAN DERRINGTON   JONATHAN DERRINGTON   Electronic Signature of Registered Agent   tor Detail :   DP Title   DERRINGTON, JONATHAN Name   14 NW 48 AVE Address   MIAMI FL 33126-5223 City-State-Zip:   DS   HENNEBERY, MARC   14 NW 48 AVE	entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of File JONATHAN DERRINGTON Electronic Signature of Registered Agent tor Detail : DP Title DT DERRINGTON, JONATHAN Name HARDT, CHARLES 14 NW 48 AVE Address 14 NW 48 AVE MIAMI FL 33126-5223 City-State-Zip: MIAMI FL 33126-5223 DS HENNEBERY, MARC 14 NW 48 AVE

DERRINGTON, JONATHAN

Entity Name: OUR LADY OF SORROWS, INC.

**Current Principal Place of Business:** 

DOCUMENT# N41223

14 NW 48 AVE MIAMI, FL 33126-5223

**REPORT** 

## **Current Mailing Address:**

14 NW 48 AVE MIAMI, FL 33126-5223 US

## FEI Number: 65-0236040

## Name and Address of Current Registered Agent:

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

14 NW 48TH AVE MIAMI, FL 33126-5223 US

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.

DP

SIGNATURE: JONATHAN DERRINGTON

Electronic Signature of Signing Officer/Director Detail

FILED Oct 30, 2023 Secretary of State 4359198112CC

Certificate of Status Desired: No

10/30/2023

Date