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J SIMMONS
FEB 10 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Your Destiny Calls Inc.
Name of Corporation

DOCUMENT NUMBER: N21000002796

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Palmere
Name of Contact Person

Your Destiny Calls Inc.
Firm/Company

215 Prince Albert Ave
Address

Saint Johns FL 32259
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
lpalmere@yahoo.com

For further information concerning this matter, please call:

Lisa Palmere at (781) 258-5380
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Your Destiny Calls Inc.
- 2. The principal office address: 215 Prince Albert Ave
Saint Johns Fl 32259
- 3. The mailing address (if different): Same as Above
- 4. Date of incorporation/qualification: 3/9/2001 Document number: N21000002796
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United States Corporation Agents Inc
5575 S Semoran Blvd Suite 36
Orlando Fl 32822

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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lisa Palmere
215 Prince Albert Ave
P.O. Box NOT acceptable
Saint Johns Fl 32259

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, or the corporation has been notified in writing of the change.

Lisa Palmere
 Signature of an officer or director

Lisa Palmere
 Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lisa Palmere
 Signature of Registered Agent

1/20/2022
 Date

If signing on behalf of an entity:

Lisa Palmere
 Typed or Printed Name

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