## 704384

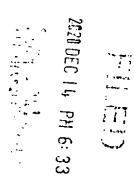
(	Requestor's Name)	
(	Address)	
(	Address)	
	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	Business Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	

Office Use Only



500356200825

12/14/20--01012--013 \*\*35.00



'4N 2 9 2021

S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations	•
SUBJECT: Greater New Bethlehem Missi Name of Corporation	ionary Baptist Church
DOCUMENT NUMBER: 704384	
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Iver Williams	
Name of Contact Person	<del></del>
Firm/Company	<del></del>
420 NW 214th Street # 201	
Address	
Mlami, Fl. 33169	
City/State and Zip Code	
acecds@att.net	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	e call:
Iver Williams	at (305 )216-5092
Name of Contact Person	at (305 )216-5092 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of Florida	
		flice or registered agent, or both, in the State of Florida.	
		w Bethlehem Missionary Baptist Church	
2. The principal office address: 420 NW 214th Street # 201 Miami, Fl. 33169			
3. The mailing a	address (if different):	Same	
4. Date of incor	poration/qualification:	Document number: 704384	
	d street address of the current rtment of State: (If resigned	nt registered agent and registered office on tile with the , enter resigned)	
	Kirkland-Kent, Clarateen D	(Resigned)	
		y =	
6. The name an (if changed):		registered agent (if changed) and /or registered office	
	Iver E. Williams		
	420 NW @14th. Street # 20	01 Miami, FL 33169	
		P.O. Box NOT acceptable	
The street addr as changed wil	ess of its registered office all be identical.	and the street address of the business office of its registered agent.	
Such change wauthorized by t	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an officer so n has been notified in writing of the change.	
	1181	Iver E. Williams	
Į.	are of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, and document is be corporation ha	t the appointment as registe to comply with the provision and I am familiar with and a ing filed merely to reflect a been notified in writing o	ered agent and agree to act in this capacity.  ons of all statutes relative to the proper and complete performance to the proper and complete performance to the obligation of my position as registered agent. Or, if this is change in the registered office address, I hereby confirm that the fithis change.	
	fort.	12/08/2020	
Sn	nature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
ī	ver E. Williams		
	Typed or Printed Name		
	* * *	* FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)