

Florida Department of State

Division of Corporations Public Access System

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FCE CETY ED 04 JAN 16 AM 8:34 VISION OF CORPORATION

REGISTERED AGENT CHANGE

NEW LIFE WORLD AID, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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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 California in order to change its registered office or registered agent, or both, in the State | | |
|---|---|--|
| | | |
| 1. The name of the corporation: New Life World Aid, Inc. 2. The principal office address: 221 North Figueroa Street, Suite 1200 | | |
| | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: May 3, 20 | 02 Document number: F02000002300 | |
| 5. The name and street address of the current re Florida Department of State: | gistered agent and registered office on file with the | |
| Gw | yn E. Marolis | |
| 100 1 | ake Hart Drive | |
| Orland | o, FL 32832-0100 | |
| changed): | gistered agent (if changed) and /or registered office (if | |
| | | |
| | Corporation System | |
| • | mailmailton NOT acceptable) Road, Plantation, Florida 33324 | |
| The street address of its registered office and the agent, as changed will be identical. | he street address of the business office of its registered | |
| WXWW _ | y adopted by its board of directors or by an officer so been notified in writing of the change. Maryin Kehler President (Finited or typed name and falls) | |
| (Signative of an office, chimical of the bond) I hereby accept the appointment as registered I further agree to comply with the provisions of performance of my duties, and I am familiar with registered agent. Or, if this document is being office address, I hereby confirm that the corporation System. | (Printed or typed name and file) agent and agree to act in this capacity. If all statutes relative to the proper and complete with and accept the obligation of my position as If iled merely to reflect a change in the registered ration has been notified in writing of this change. | |
| By: (Signature of Registered Astron.) | (Date) | |
| If signing on behalf of an entity: Tara Cofer | Assistant Secretary | |
| (Typed or Printed Name) | (Capacity) | |

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

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314