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SECRETARY OF STATE
SECRETARY OF FLORID

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## **COVER LÈTTER**

TO: Amendment Section Division of Corporations
SUBJECT: Church of God Southeastern Hispania Rogion Name of Corporation
DOCUMENT NUMBER: NO2 00000 4713
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:
Elizab eth González Name of Contact Person
Charch of God South Distera Historic Region
7712 E. Albert St
Jampa, Fl 33610 City/State and Zip Code
City/State and Zip Code
lizam Te hotmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Contact   Contact   Person   at (813)   626 - 7500     Name of Contact   Person   Area Code & Daytime Telephone Number
V 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  Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2015

ELIZABETH GONZALEZ CHURCH OF GOD SOUTHEASTERN HISPANIC 7712 E. CHELSEA STREET TAMPA, FL 33610

SUBJECT: CHURCH OF GOD SOUTHEASTERN HISPANIC REGION, INC.

Ref. Number: N02000004713

We have received your document for CHURCH OF GOD SOUTHEASTERN HISPANIC REGION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete the document in its entirety and an officer must sign the document as well as the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 615A00019745



## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Church of God Southeaster Aispanic Legion: INC.  2. The principal office address: 7712 E. Chelsa St. Tayaga fl 33610
2. The principal office address: 7712 E. Chelka St. Tayaga fl 33610
3. The mailing address (if different):
≤4™Date of incorporation/qualification: \( \langle
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)
Carlos Betancourt PSE =
4635 Holly Lake by
Loke Worth Fl 33463
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Glady timortel
5413 Janta Monica Brue
Gladup Pimentel  5413 Santa Monica Brue  P.O. Box NOT acceptable  Tanpa Fl 33415  The street address of its registered office and the street address of the husiness of its registered agents.
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 poard, or the corporation has been notified in writing of the change.
Mal Mandal
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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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