

NO2 000006623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

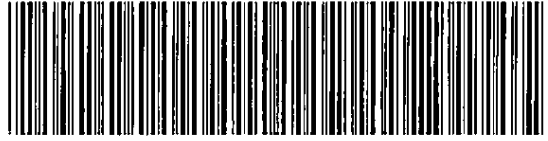
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IGLESIA DE DIOS EL SHADDAI INC
Name of Corporation

DOCUMENT NUMBER: N0200000623

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:

GERARDO ABDALA

Name of Contact Person

IGLESIA DE DIOS EL SHADDAI INC

Firm/Company

8421 N 40TH ST

Address

TAMPA, FL 33604

City/State and Zip Code

profesorablala@gmail.com

E-mail address: (to be used for future annual report notification)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

For further information concerning this matter, please call:

GERARDO ABDALA - PASTOR at (813-203-2649)
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

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: IGLESIA DE DIOS EL SHADDAI INC
2. The principal office address: 8421 N 40TH ST TAMPA, FL 33604

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2002 Document number: NO2000006623

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)

LINDA MARTINEZ (RESIGNED) TREASURER/SECRETARY
4615 SNOOK DR. TAMPA, FL 33617

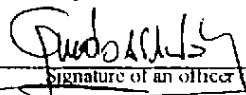
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MELANY HUANCA TREASURER/SECRETARY
8421 N 40TH ST. TAMPA, FL 33604
P.O. Box NOT acceptable

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CORPORATIONS
TALLAHASSEE, FL

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.


Signature of an officer or director

GERARDO ABDALA-PASTOR
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

01/14/2023
Date

If signing on behalf of an entity:

Typed or Printed Name

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