

N03000010451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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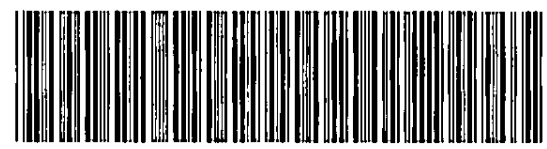
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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R. WHITE

NOV - 3 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ELIJAH'S FATHERING MINISTRY

Name of Corporation

**DOCUMENT NUMBER:** NO3000010451

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:

DOROTHY MATTHEWS

Name of Contact Person

ELIJAH'S FATHERING MINISTRY

Firm/Company

9319 GARDEN OVERLOOK LN

Address

JACKSONVILLE, FL 32219

City/State and Zip Code

dotti\_joerena@yahoo.com

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

For further information concerning this matter, please call:

DOROTHY MATTHEWS

Name of Contact Person

at ( 904 ) 764-3498

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: ELIJAH'S FATHERING MINISTRY
2. The principal office address: 9319 GARDEN OVERLOOK LN JACKSONVILLE, FL 32219
3. The mailing address (if different):

4. Date of incorporation/qualification: 11/24/2003 Document number: NO3000010451

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)

CLESTER E. MATTHEWS (DECEASED)
9319 GARDEN OVERLOOK LN
JACKSONVILLE, FL 32219

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

DOROTHY MATTHEWS
9319 GARDEN OVERLOOK LN
P.O. Box NOT acceptable
JACKSONVILLE, FL 32219

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: DOROTHY MATTHEWS/PRESIDENT
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: OCTOBER 26, 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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