

ND5 000002397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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15 JUN 12 AM 2:40
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C McNAIR

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Perla A. Rivera Name of Contact Person
at (Area Code & Daytime Telephone Number) **954 668-9750**

For further information concerning this matter, please call:

perlarivera1@gmail.com
E-mail address: (to be used for future annual report notification)

City/State and Zip Code

Miami Fl. 33055

Address

5103 N.W 195 terrace

Firm/Company

IGLESIA DEL NAZARENO NAPLES INC.

Name of Contact Person

Javier N. Rivera

Please return all correspondence concerning this matter to the following:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

DOCUMENT NUMBER: N05000002397

Name of Corporation

IGLESIA DEL NAZARENO NAPLES INC. SUBJECT:

**TO: Amendment Section
Division of Corporations**

COVER LETTER

15 JUN 12 AM 2:41
668-9750

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: IGLESIA DEL NAZARENO NAPLES INC.

2. The principal office address: 11925 Collier Blvd, Naples FL 34116

3. The mailing address (if different): 5103 NW, 195 terrace Miami FL 33055

4. Date of incorporation/qualification: March-1-2005 Document number: N05000002397

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)

Diaz, Pedro A

5235 30 Ave SW

Naples, FL 34116 US

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

Perla A. Rivera

5103 NW 195 Terrace

P.O. Box NOT acceptable

Miami FL 33055

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

[Handwritten Signature]

Printed or typed name and title

[Handwritten Signature]

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

[Handwritten Signature]

Date

06-08-15

If signing on behalf of an entity:

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 (03/12)