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SECRETARY OF STATE

TALLAMASSEE, FLORIDA

APR 1 6 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INDEPENDENT CHRIST CHURCH OF NAZARENE
Name of Corporation
DOCUMENT NUMBER: N0900004790

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:

JEANNOT ST. LOUIS

Name of Contact Person

INDEPENDENT CHRIST CHURCH OF NAZARENE INC.

Firm/Company

900 S. DELANEY AVENUE

Address

AVON PARK, FL. 33825

City/State and Zip Code

ST.LOUISJEANNO@YAHOO.COM

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

For further information concerning this matter, please call:

JEANNOT ST. LOUIS

_.863 \ 443-9

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

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: INDEPENDENT CHRIST CHURCH OF THE NAZARENE
2. The principal	office address: 900 SO. DELANEY AVENUE
	AVON PARK, FLORIDA 33825
3. The mailing ac	ddress (if different): N/A
4. Date of incorp	poration/qualification: 02/28/2012 Document number: N09000004790
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	JACQUES CLAUDE (RESIGNED)
	321 TULANE DRIVE, AVON PARK, FL. 33825
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	ADDLIN BELLUS P P
	24 LAWHON STREET, AVON PARK, FL. 33825 P.O. Box NOT acceptable
Such change wa authorized by the Authorized by the Signature I hereby accept I further agree to performance of agent. Or, if this hereby confirm	ess of its registered office and the street address of the business office of its registered agent, be identical. Its authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. JEANNOT ST. LOUIS The of an officer or director Thinted or typed name and title The appointment as registered agent and agree to act in this capacity, the comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. O4/04/2014 Date Date
Ту	* * * 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)