

N10000005914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

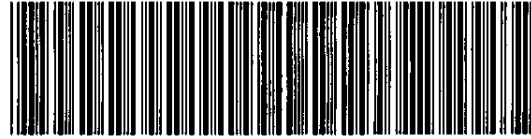
(Business Entity Name)

(Document Number)

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*PA Change
Tee's
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MINISTERIO INTERNACIONAL ENCuentRO CON DIOS
Name of Corporation

DOCUMENT NUMBER: N10000005914

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:

NINA VIOLETA VELEZMORO

Name of Contact Person

MINISTERIO INTERNACIONAL ENCuentRO CON DIOS

Firm/Company

13332 SW 116 CT.

Address

MIAMI, FL. 33176

City/State and Zip Code

VVELEZMORO@MIENCUENTROCONDIOS.ORG

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

For further information concerning this matter, please call:

NINA VIOLETA VELEZMORO

Name of Contact Person

at (305)

218-8295

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: MINISTERIO INTERNACIONAL ENCUENTRO CON DIOS, NAPLES, INC.
2. The principal office address: 6920 IMMOKALEE BLVD NAPLES FL 34119

3. The mailing address (if different): 13332 SW 116 CT. MIAMI FL. 33176

4. Date of incorporation/qualification: 06/18/2010 Document number: N10000005914

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)

TORO, WILLIAM J
14921 SW 156 TER MIAMI FL 33187

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

GOVEA, JUAN D
1685 SE 31ST CT HOMESTEAD FL 33035
P.O. Box NOT acceptable

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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, of the corporation has been notified in writing of the change.

[Signature] _____ NINA VIOLETA VELEZMORO-SEC.
Signature of an officer or director 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] _____ 06/30/2011
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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