

NIZ 0000000423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

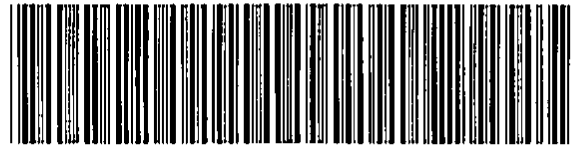
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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JUN 20 2019
C. Kins

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHARING HOPE EVERLASTING MIN. INC.
Name of Corporation

DOCUMENT NUMBER: N12000000423

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:

WILLENE SASSER or LOU H. MILBROOK
Name of Contact Person

NON-PROFIT ORGANIZATION
Firm/Company

1532 SW MEDLEY LANE
Address

PORT ST. LUCIE, FL., 34953
City/State and Zip Code

jpswjs@comcast.net or jlouhm@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLENE SASSER at (772) 204-2162
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
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: SHARING HOPE EVERLASTING MINISTRIES INC.
2. The principal office address: 1532 SW MEDLEY LANE, PORT ST. LUCIE, FL. 34953

3. The mailing address (if different): THE SAME

4. Date of incorporation/qualification: 01/12/2012 Document number: N12000000423

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)

Jesse Sasser
1532 SW Medley Lane
Port St. Lucie FL 34953

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

WILLENE SASSER
1532 SW MEDLEY LANE
P.O. Box NOT acceptable
PORT ST. LUCIE, FLORIDA, 34953

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

[Signature of Lou H. Milbrook]
Signature of an officer or director

LOU H. MILBROOK
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 Wilene Sasser]
Signature of Registered Agent

MAY 28, 2019
Date

If signing on behalf of an entity:

LOU H. MILBROOK
Typed or Printed Name

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