

NIA0000011460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

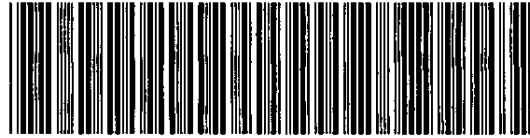
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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R. White

NOV 26 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHURCH OF GOD SALEM, INC.
Name of Corporation

DOCUMENT NUMBER: N12000011460

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:

CLAUDECE DERA
Name of Contact Person

CHURCH OF GOD SALEM, INC.
Firm/Company

309 REOMENA CT.
Address

ORLANDO, FL. 32809
City/State and Zip Code

NONE
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDECE DERA at (407) 431-7822
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: CHURCH OF GOD SALEM, INC.
2. The principal office address: 309 REOMENA CT. ORLANDO, FL. 32809
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 06-11-2013 Document number: N12000011460
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)

JAMES CLAIR SAINT
218 WEST MICHIGAN STREET
ORLANDO FL. 32806

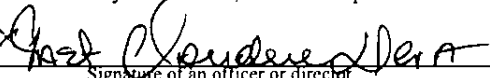
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CLAUDECE DERA
309 REOMENA CT.
P.O. Box NOT acceptable
ORLANDO, FL. 32809

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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 an officer or director

CLAUDECE DERA, P.
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

11-10-2014
Date

If signing on behalf of an entity:

CLAUDECE DERA
Typed or Printed Name

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