## N9500000 2503

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## COVER LETTER

₹ TO:

Amendment Section Division of Corporations

SUBJECT: Familias para Jesucristo, AG Name of Corporation	
DOCUMENT NUMBER: N9500000-2503	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Leslliam Rodriguez	
Name of Contact Person	
Familias para Jesucristo AG	
Firm/Company	
PO Box 2837	
Address	
Orange Park Fl, 32067	
City/State and Zip Code	
familiasparajesucristoag@yahoo.coi	n
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:
Leslliam Rodriguez	at (904 ) 328-9893
Name of Contact Person	at ( 904 ) 328-9893 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607. ange is submitted for a corporation organized under to change its registered office or registered ago	der the laws of the State of Florida	's
L. The name of t	the corporation: Familias para Jesucristo AG		
2. The principal	office address: 199 Arora Blvd Orange Park, FL	32073	
3. The mailing a	address (if different): PO Box 2837 Orange Park F	1 32067	<del></del>
4. Date of incorp	poration/qualification: 05/26/1995 D	Document number: N95600002503	
5. The name and	d street address of the current registered agent and rument of State: (If resigned, enter resigned)		
	William Sanchez - 8059 Mactavish Way W Jackso	onville Ff 32244 - resigned	
		2020	) ) )
		ZUZU SEK 16	) (==== 1 (
6. The name and (if changed):	d street address of the new registered agent (if ch Carlos Reyes- 199 Arora Blvd Orange Park Fl 320	anged) and /or registered of its	Care. 12
	P.O. Box NOT acc	ceptable	
The street addre	ess of its registered office and the street address be identical.	s of the business office of its registered	d agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its he board, or the exporation has been notified in	board of directors or by an officer so a writing of the change.	
July Signatur	Lestli	iam Rodriguez STD  Printed or typed name and title	
I further agree t of my duties, an document is bei	t the appointment as registered agent and agree to comply with the provisions of all statutes rel ad I am familiar with and accept the obligation ing filed merely to reflect a change in the regist s been notified in writing of this change.	ative to the proper and complete perfe	ormance or if this that the
(2)	-e) -e) 09/09	0/2020	
Sign	gnature of Registered Agent	Date	
	ehalf of an entity:		
Familias	S Para JESUCY15 to ALG		

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