704909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alpha and Omega Church. Inc.
Name of Corporation

DOCUMENT NUMBER: 704909

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:

Jean-Claude Norman
Name of Contact Person

Alpha and Omega Church, Inc
Firm/Company

1124 SW 35th Street
Address

Palm City, FL 34990
City/State and Zip Code

homecmsd@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean-Claude Norman at (772) 285-9379
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

CR2E045 (03/12)

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: Alpha & Omega Church, Inc.

2. The principal office address: 1591 Rosemont Drive; Clearwater, FL 33755

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/11/1962 Document number: 704909

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)

Ada Pettibone/Wrenn (Deceased)

2002 Australia Way E #2

Clearwater, FL 33763

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

Jean-Claude Norman

1124 SW 35th Street

P.O. Box NOT acceptable

Palm City, FL 34990

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.

Jean-Claude Norman
Signature of an officer or director

Jean-Claude Norman/Treasurer
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.

Jean-Claude Norman
Signature of Registered Agent

10/23/18
Date

If signing on behalf of an entity:

_____
Typed or Printed Name

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2018 OCT 23 P 1:51
TALLAHASSEE, FLORIDA

*** * * 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)