

N19000000 6621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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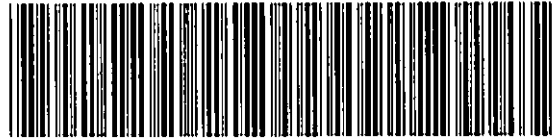
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Journey Church of Ocala, Inc.
Name of Corporation

DOCUMENT NUMBER: N19000006621

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:

Robyn M. Aschliman
Name of Contact Person

The Journey Church of Ocala, Inc.
Firm/Company

421 NE 48th Ave
Address

Ocala, FL 34470
City/State and Zip Code

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

For further information concerning this matter, please call:

Robyn M. Aschliman at (352) 214-0775
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

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**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: The Journey Church of Ocala, Inc.
2. The principal office address: 20 SW 8th Place
Ocala, FL 34476
3. The mailing address (if different): 421 NE 48th Ave
Ocala, FL 34470
4. Date of incorporation/qualification: 6-18-2019 Document number: N19000006621
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)

Resigned

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

Robyn M. Aschliman
421 NE 48th Ave
Ocala, FL 34470

P.O. Box NOT acceptable

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]
Signature of an officer or director

Dean E. Aschliman, President
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]
Signature of Registered Agent

November 19, 2019
Date

If signing on behalf of an entity:

Robyn M. Aschliman
Typed or Printed Name

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

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