The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
	: MANUEL RODRIGUEZ SR.		02/17/2019
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	P	Title	VP, SECRETARY
Name	RODRIGUEZ , MANUEL A SR. PASTOR	Name Address City-State-Zip:	RODRIGUEZ, PATRICIA G SR. CO- PASTOR 1200 WAVERLY WAY
Address	1200 WAVERLY WAY		
City-State-Zip:	LONGWOOD FL 32750		LONGWOOD FL 32750
Title Name Address City-State-Zip:	T RODRIGUEZ, MANUEL A SR. PASTOR 1200 WAVERLY WAY LONGWOOD FL 32750	Title Name Address City-State-Zip:	DIRECTOR OF YOUTH RODRIGUEZ , MANUEL A JR. PASTOR 1200 WAVERLY WAY LONGWOOD FL 32750
Title Name Address	DIRECTOR OF MUSIC RODRIGUEZ, JACOB M PASTOR 1200 WAVERLY WAY		
City-State-Zip:	LONGWOOD FL 32750		

1200 WAVERLY WAY LONGWOOD, FL 32750 US

DOCUMENT# N1000005862

Entity Name: HOLY REBIRTH INC.

Current Principal Place of Business:

FEI Number: 27-2881360

Current Mailing Address:

1200 WAVERLY WAY LONGWOOD, FL 32750

Name and Address of Current Registered Agent:

RODRIGUEZ, MANUEL A SR. 1200 WAVERLY WAY LONGWOOD, FL 32750 US

SIGN

Offic

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL RODRIGUEZ SR.

SR. PASTOR

02/17/2019

Electronic Signature of Signing Officer/Director Detail

FILED Feb 17, 2019 Secretary of State 2602005257CC

Certificate of Status Desired: Yes

Date