104093

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--------|---|
| endo i | First Assembly of God of Fort Myers, Florida, Inc. |
| SUBJ | Name of Corporation |
| DOC | UMENT NUMBER: |
| The er | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | PLF Registered Agent, L.L.C. |
| | Name of Contact Person |
| | |
| | Firm/Company |
| | Post Office Box 2277 |
| | Address |
| | Fort Myers, FL 33902 |
| | City/State and Zip Code |
| | registeredagent@paveselaw.com |
| | E-mail address: (to be used for future annual report notification) |
| | E-man address. (to be dised for future aimidal report normeation) |
| F (| |
| | orther information concerning this matter, please call: |
| Stev | Ven C. Hartsell, Esquire 239 336-6244 Name of Contact Person Area Code & Daytime Telephone Number |
| | Name of Contact Person Area Code & Daytime Telephone Number |
| Enclo | sed 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 |
| | P.O. Box 6327 Clifton Building |

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

| statement of cha | provisions of sections 607.0302, 617.0302, 607.1508, or 617.1508, Florida Statutes, this ingestion organized under the laws of the State of Florida in the state of Florida in the State of Florida. |
|---|--|
| 1. The name of t | the corporation: First Assembly of God of Fort Myers, Florida, Inc. |
| 2. The principal | office address: 4701 Summerlin Road, Fort Myers, FL 33907 |
| 3. The mailing a | ddress (if different): Same |
| 4. Date of incorp | poration/qualification: 05/25/1962 Document number: 704093 |
| | I street address of the current registered agent and registered office on file with the thent of State: (If resigned, enter resigned) |
| | Dan Betzer |
| | 6901 Harbor Lane |
| | Fort Myers, FL 33919 |
| 6. The name and (if changed): | I street address of the new registered agent (if changed) and /or registered office |
| | PLF Registered Agent, L.L.C. |
| | 1833 Hendry Street |
| | Fort Myers, FL 33901 |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| Signatu | DAVID 1. The mas Vice President To of an officer or director |
| I hereby accept I further agree of performance of agent. Of) if the hereby confirm | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The my duties, and I am familiar with and accept the obligation of my position as registered The is document is being filed merely to reflect a change in the registered office address, I That the corporation has been subtified in writing of this change. The provision of the province of the proper and complete to the proper a |
| Steve | half of an entity: |

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