

705342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

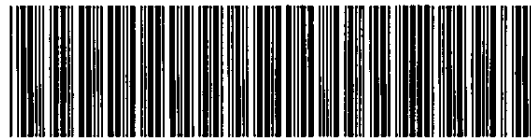
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2014
G. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2014

ROBYN RAMIREZ
609 BRICKELL AVE
MIAMI, FL 33131

SUBJECT: THE FIRST PRESBYTERIAN CHURCH OF MIAMI, FLORIDA
Ref. Number: 705342

We have received your document for THE FIRST PRESBYTERIAN CHURCH OF MIAMI, FLORIDA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 914A00006461

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Presbyterian Church of Miami
Name of Corporation

DOCUMENT NUMBER: 705342

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 Ramirez

Name of Contact Person

First Presbyterian Church of Miami

Firm/Company

609 Brickell Ave

Address

Miami FL 33131

City/State and Zip Code

Info@fpcmiami.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Ramirez

Name of Contact Person

at (305) 371-3439

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

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: First Presbyterian Church of Miami

2. The principal office address: 609 Brickell Ave Miami FL 33131

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/18/63 Document number: 705342

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)

Robyn Ramirez
1001 Brickell Bay Dr 32nd Floor
Miami FL 33131

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

Robyn Ramirez
609 Brickell Ave
Miami FL 33131

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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

PATRICIA CANTWELL
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

4/4/14
Date

If signing on behalf of an entity:
Typed or Printed Name

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