

712217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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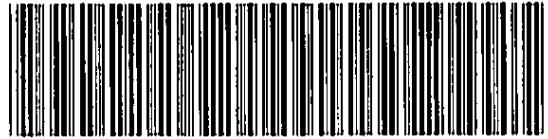
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 24 2020

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: 712217

Please return all correspondence concerning this matter to the following:

E-mail address: (to be used for future annual report notification) LYNDA.SCHUL @ S4UMC.NET

LYNDA SCULL at (813) 4639-6849
Name of Contact Person Area Code & Daytime Telephone Number

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: ST. ANDREWS UNITED METHODIST CHURCH OF BRANDON, INC.
2. The principal office address: 3315 BRYAN ROAD BRANDON, FL 33511
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/07/1967 Document number: 712217
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)

MARTHA DIAZ

3315 BRYAN ROAD

BRANDON, FL 33511

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

LYNDA SCULL

3315 BRYAN ROAD

P.O. Box NOT acceptable

BRANDON, FL 33511

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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.

Parker W. Keen
Signature of an officer or director

Parker W. Keen
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.

JR
Signature of Registered Agent

12-5-19
Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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 (04/13)