730069

(Req	uestor's Name)	
(Add	ress)	
(
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nai	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



000291155650

10/14/16--01008--001 **35.00



00T 14 20IS

• 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. James Baptist Church of Coconut Grove, In
2. The principal office address: 3500 Charles Five, Miami, Fl 33133
3. The mailing address (if different):
4. Date of incorporation/qualification: 04 02 wo7 Document number: 7300 6 9
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)
Jacobs, Sr, Edward
Clo St. James Baptist Church
3500 Charles Avenue Miami 47 33133
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Karen Hamilton
2400 East Perserve Way #301 5
Miramar, Fl 33025
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.
Bully R buts Bety R Coats Director 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.
Ham Herrits 10/9/16 Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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