

734325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

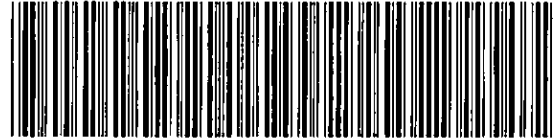
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/23--01030--001 **35.00

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09/18/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMMANUEL PRESBYTERIAN CHURCH OF MIAMI, INC
Name of Corporation

DOCUMENT NUMBER: 734325

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:

Alexandra Guerra
Name of Contact Person
Crossbridge Church/ IMMANUEL PRESBYTERIAN CHURCH OF M
Firm/Company
7700 N Kendall Drive STE 300-M
Address
Miami, FL 33156
City/State and Zip Code

ALE@CROSSBRIDGEMIAMI.COM

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

For further information concerning this matter, please call:

Alexandra Guerra at (786) 320-3718
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DEPT. OF STATE

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: IMMANUEL PRESBYTERIAN CHURCH OF MIAMI, INC

2. The principal office address: 7700 NORTH KENDALL DRIVE 300-M
MIAMI, FL 33156

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/12/1975 Document number: 734325

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)

JORGE E REYNARDUS
11225 SW 99 CT
MIAMI, FL 33176

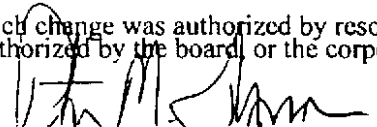
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DOUGLAS TIMMONS
7700 North Kendall Drive STE 300-M
P.O. Box NOT acceptable
Miami, FL 33156

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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.

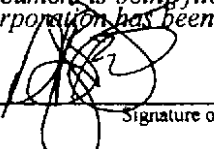


Signature of an officer or director

PETER M. THOMPSON

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 of Registered Agent

01/12/2023

Date

If signing on behalf of an entity:

Typed or Printed Name

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

POSTED