## 736599

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	•		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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## **ÇOVER LETTER**

Amendment Section Division of Corporations

TO:

d Office/Agent and fee are submitted for filing.	
s matter to the following:	
<u> </u>	
ın	
I report notification)	
please call:	
at (4104903561)	
at (4104903561) Area Code & Daytime Telephone Number	
Department of State.	
Street Address:	
Amendment Section	
Division of Corporations 2.O. Box 6327  Division of Corporations The Centre of Tallahassee	
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the State o	f Florida
1. The name of	the corporation: Inveness First Church of	`God	
	Loffice address: 5510 E Jasmine Lane		
	Inverness, FL 34453		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:	Document number: 736599	
5. The name and	d street address of the current registered atment of State: (If resigned, enter resign	agent and registered office on file	
	Richard Halbert (resigned)		
	3867 S Apopka Ave		_
	Inverness, F1, 34452-7650		
6. The name and (if changed):	d street address of the new registered ag		••
	Dana A Thompson	<u></u>	1.4.1 20.00 1.1.00
	371 N Crestwood Ave		7. 6
	P.O. B Inverness, FL 34453	Sox NOT acceptable	_
The street addr as changed will	ess of its registered office and the stree I be identical.	t address of the business office of	`its registered agent.
Such change wa authorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by a notified in writing of the change.	in officer so
	ire of an officer or director	Carmella Thompson, Secretary	
Signate	are of an officer or director	Printed or typed name and	l'fille
I horeby accent	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the of ing filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacity, tutes relative to the proper and co digation of my position as register he registered office address, I her e.	omplete performane red agent. Or, if this eby confirm that the
$\sim$	enature of Registered Agent	10/31/2024	
		Date	_
If signing on be	chalf of an entity;		
Dana A Thomps			
1	yped or Printed Name		
	* * * FILING F	TEE: \$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)