

759805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

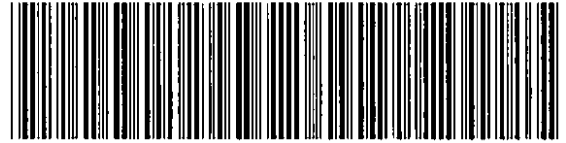
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Charlene Hannon Ministries  
Name of Corporation

**DOCUMENT NUMBER:** 759805

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:

Frances Charlene Hannon  
Name of Contact Person  
Charlene Hannon Ministries  
Firm/Company  
10401 Green Links Dr  
Address  
Tampa, FL 33626  
City/State and Zip Code

charlenehannonministries@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frances Charlene Hannon at ( 904 ) 860-4386  
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



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1708, 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: Charlene Hannon Ministries

2. The principal office address: 10401 Green Links Dr Tampa, FL 33626

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/28/2018 Document number: 759805

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)

522 Lois Lane

Belleair Bluffs, FL 33770

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

10401 Green Links Dr

Tampa, FL 33626

P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.

*Michelle Anderson*

Signature of an officer or director

Roschelle Sanderson

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.

*Francis Charlene Hannon*

Signature of Registered Agent

12 / 23 / 23

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