

761274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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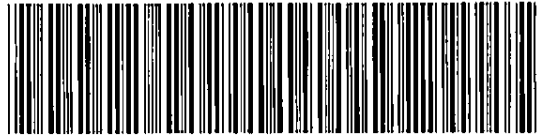
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Words Of Life Fellowship Church, Inc

Name of Corporation

DOCUMENT NUMBER: 761274

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:

Daniel Moore

Name of Contact Person

Words of Life Fellowship Church, Inc.

Firm/Company

P.O. Box 630790

Address

Miami, Florida 33163

City/State and Zip Code

danielmoorewol@aol.com

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

For further information concerning this matter, please call:

Daniel Moore

Name of Contact Person

at (**305**) **409-7809**

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
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: Words Of Life Fellowship Church, Inc.
2. The principal office address: 20051 NE 15 Court
North Miami Beach, FL. 33179
3. The mailing address (if different): P.O. Box 630790
Miami, FL. 33163
4. Date of incorporation/qualification: 01/10/1989 Document number: 761274
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)

Moore, Geraldine

15610 SW 12 Street

Pembroke Pines, FL. 33027

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

Moore, Geraldine

20051 NE 15 Court

P.O. Box NOT acceptable

North Miami Beach, FL. 33179

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.

Geraldine Moore
Signature of an officer or director

Geraldine Moore

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

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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2011 SEP -7 PM 1:10
STATE OF FLORIDA
TALLAHASSEE