Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000357129 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

REGISTERED AGENT CHANGE CATHOLIC WORLD MISSION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

→ 18506176380 pg 2 of 4

COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: CATHOLIC WORLD MISSION, INC.

Name of Corporation

DOCUMENT NUMBER

-06000004196

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

ಗಿರದಿ

705-7274

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Typed or Printed Name	* * * FILING F	FF- 515 AA + * *		
If signing on behilf of an entity: Justine Karnell - Assista	nt Secretary			
//				
Signature of Registered Age		11/30/2018	alc	
I hereby accept the appointment of further agree to comply with the berformance of my duties, and I agent. Or, if this document is bein hereby confirm that the porporati	as registered agent a provisions of all sta im familiar with and inv filed merely to re	nd agree to act in this ca itutes relative to the prop accept the obligation of i flect a change in the revi	pacity. er and complete mv position as regis: slered office address	tcred s, l
/S/ Line Otore Signature of an officer or directe	от	Lino Otero	Secre	etary
as changed with be identical. Such change was authorized by reauthorized by the board, or the co				
The street address of its registere as changed will be identical.	d office and the stree	t address of the business	office of its register	ed agent,
Tallahassee	, FL 32301			
133 Office P		OT acceptable	' Ħ	5
	Agent Solutions laza Dr., Suite		r:	ج ب
6. The name and street address of (if changed):		-	egistered office	EC 17 PM
1200 South Pi Miami, FL 333	ine Island Road 324		SECRE	2018 DEC
	ECT AGENT	S, INC		
5. The name and street address of Florida Department of State: (If			ce on file with the	
4. Date of incorporation/qualificat			•	1196
3. The mailing address (if differen	t):			
ROSWELL,	GA	30076		
2. The name of the corporation. Solution 2.	0 MANSELL C	COURT SUITE 10	03	
I. The name of the corporation:		· ·	•	
statement of change is submitted f	or a corporation orga		he State of <u>NEW Y</u>	
Pursuant to the provisions of secti	ons 607.0502, 617.05	502, 607.1508, or 617.150	8. Florida Statutes, t	his