

F09000005018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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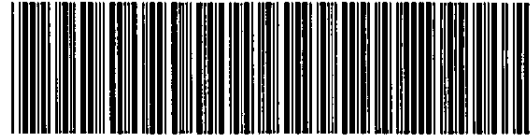
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ra Chang

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: New Beginning Ministry  
Name of Corporation

DOCUMENT NUMBER: FO9000005018

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:

Rosa Marti  
Name of Contact Person

New Beginning Ministry  
Firm/Company

5317 Poinsetta Avenue  
Address

Winter Park FL 32792  
City/State and Zip Code

Rosamarti1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Marti at (407) 754-9215  
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**

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New Beginning Ministry of New York
2. The principal office address: 721 Molly Loop  
Longwood FL 32750
3. The mailing address (if different): 5317 Poinsetta Ave  
Winter Park FL 32792
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

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)

Rocky Carson (resigned)  
602 S. Ranger Blvd  
Winter Park FL 32792-4526

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

Kristie Ortiz  
5317 Poinsetta Avenue  
P.O. Box NOT acceptable  
Winter Park FL 32792

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 authorized by the board, or the corporation has been notified in writing of the change.

Rosa Marti  
Signature of an officer or director

Rosa Marti  
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.

Kristie Ortiz  
Signature of Registered Agent

12/20/2013  
Date

If signing on behalf of an entity:

Kristie Ortiz  
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  
CR2E045 (03/12)

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13 DEC 26 PM 12:55  
TALLAHASSEE  
SECRETARY OF STATE