## F16000000619

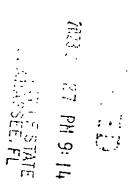
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

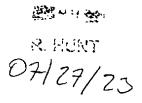
Office Use Only



100412622121

07/27/23--01022--014 \*\*35.00





## **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: Center International Chaplains Communities Mahanaim Name of Corporation DOCUMENT NUMBER: F16000000619 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: José Luis Cruz Name of Contact Person Center International Chaplains Communities Firm/Company 2112 E. Fourth St. Ste. 228B Address Santa CA 92705 City/State and Zip Code presidente@umahanaim.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: José Luis Cruz Name of Contact Person

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

CR2E045 (04/13)

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

statement of cha	mge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of <mark>Texas</mark> or registered agent, or both, in the State of Florida		
1. The name of	the corporation: Center Internation	nal Chaplains Communities Mahanaim		
	office address: 3191 Medical Cer			
3. The mailing a	address (if different): 7901 4th St	N STE 300 St. Petersburg FL 33702		<u> </u>
4. Date of incorp	poration/qualification: Corporation	n Document number: 801670974		
	I street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)		
	Lemuel Rodriguez			
	13105 SW 16th Ct Suite L.11			
	Resigned	· · · · · · · · · · · · · · · · · · ·	. E.582	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):				-
	Registered Agents Inc		₽ ;	- ************************************
	7901 4th St N STE 300	. FL	= .ö	4.7
		P.O. Box NOT acceptable	+-	
	St. Petersburg FL 33702			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regis	tered ag	ent.
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	r so	
		José Luís Cruz - President		
I further agrée of my duties, and document is bei	the appointment as registered a	Printed or typed name and title  gent and agree to act in this capacity.  all statutes relative to the proper and complete the obligation of my position as registered agen ge in the registered office address. I hereby cony change.	perform t. Or if irm that	ance f this t the
Dord Parents		July 20 2023		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
David Roberts				
T	yped or Printed Name			

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