

F17 00000 3083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

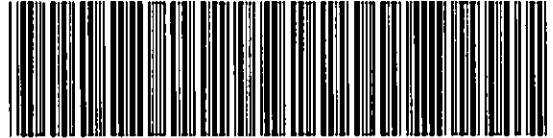
(Business Entity Name)

(Document Number)

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JUN 23 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Joyce Carelock Ministries Incorporated
Name of Corporation

DOCUMENT NUMBER: F17000003083

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:

Joyce Carelock
Name of Contact Person

Joyce Carelock Ministries Incorporated
Firm/Company

13553 State Rd. 54, #206
Address

Odessa, FL 33556
City/State and Zip Code

E-mail address: (to be used for future annual report notification) joyce@joycecarelockministries.org

For further information concerning this matter, please call:

Joyce Carelock at (703) 801-3287
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



FLORIDA DEPARTMENT OF STATE³²
Division of Corporations

June 10, 2020

JOYCE CARELOCK
13553 STATE RD. 54 #206
ODESSA, FL 33556

SUBJECT: JOYCE CARELOCK MINISTRIES, INCORPORATED
Ref. Number: F17000003083

We have received your document for JOYCE CARELOCK MINISTRIES, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00011478

**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: Joyce Carelock Ministries Incorporated
2. The principal office address: 13553 State Rd 54 #206
Odessa, FL 33556

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/10/2017 Document number: F17000003083

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)

9180 Oakhurst Rd,
Suite #6
Seminole, FL 33776

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

Joyce Carelock
13553 State Rd 54, #206
P.O. Box NOT acceptable
Odessa, FL 33556

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.

Joyce L. Carelock, CEO
Signature of an officer or director

Joyce L. Carelock
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.

Joyce L. Carelock
Signature of Registered Agent

6/18/20
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
CR2E045 (04/13)