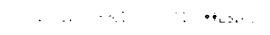
L16000139282

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2022 OCT 21 AHII: 46 SEGRETARY DESTATE

COVER LETTER

	gistration Section vision of Corporations	,		
SUBJECT	New Generation Apostolic Place of Hope, L	LC		
SUBJECT	Name of Limited Liability Company			
Dear Sir or	· Madam:			
The enclos	ed Registered Agent/Registered Office Ch	ange and fec(s) are submitted for filing.		
Please retu	rn all correspondence concerning this matt	er to the following:		
Carolyn J M				
	Name of Person			
New Go	everation Apostelic Place Firm/Company	FF HOPE, LLC		
5207 Edenw	wood Road			
	Address			
Riviera Bea	ich, FL 33418			
	City/State and Zip Code			
•	c@gmail.com			
E-ma	il address: (to be used for future annual re	port notification)		
For further	information concerning this matter, pleas	e call:		
Carolyn J M	tills	561 628-8918		
	Name of Person	Area Code & Daytime Telephone Num		
Re Di P.0	ailing Address: egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	iclosed is a check for the following amo	int:		
	\$25 Filing Fee	■ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	nme of the limited liability company:	xpostolic P	Place of Hope, LLC
2. (a)	5207 Edenwood Road Riviera Beach, FL 33418	5207 Edenwood Road Riviera Beach, FL 33418	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	07/25/2016 Date of filing/registration in Florida	L 	L16000139282 Document number
	Milton F Mills Sr 4 11 5 7 1.78	ÎC.	
5. (a)	Registered Agent and Registered Office shown on the records of t		Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5207 Edenwood Road		SECRETARY OF STATE
	Riviera Beach . FL	33418	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Carolyn J Mills NEW Registered Office Address: 5207 Edfenwood Road	Office add	Iress:
	Riviera Beach, FL_	33418	
change agent v was/we the art:	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization of the operating agreement of the	registered bility con f the limit limited lia	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
I here provisi the obi to mer hatifie	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree on a first of all statutes relative to the proper and complete placetions of my position as registered agent as provided elsewing the change in the registered office address. I have a change in the registered office address. I have a change in the registered of the change in the registered of the change.	ee to act it	in this capacity. I further agree to comply with the