

N000000001739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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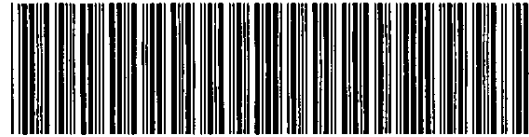
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Centro de Alabanza y Renovacion Inc.
Name of Corporation

DOCUMENT NUMBER: N00000001739

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:

Mirla Alvarez

Name of Contact Person

Centro De Alabanza y Renovacion Espiritual Inc.

Firm/Company

3100 Del Prado S. Build 2 Suite 201/204

Address

Cape Coral, FL 33904

City/State and Zip Code

admin@renovacion.net

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

For further information concerning this matter, please call:

Mirla Alvarez

Name of Contact Person

at (239) 333-6280
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

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TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2013

CENTRO DE ALABANZA Y RENOVACION ESPIRITUAL, INC.
MIRLA ALVAREZ
3100 DEL PRADO S BUILD 2 STE 201/204
CAPE CORAL, FL 33904

SUBJECT: CENTRO DE ALABANZA Y RENOVACION ESPIRITUAL, INC.
Ref. Number: N00000001739

We have received your document for CENTRO DE ALABANZA Y RENOVACION ESPIRITUAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 613A00021764

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

1. The name of the corporation: Centro de Alabanza y Renovacion Espiritual, Inc.
2. The principal office address: 3100 Del Prado S. Build 2 Suite 201/204 Cape Coral, FL 33904
3. The mailing address (if different): P.O. Box 150457
4. Date of incorporation/qualification: 03-13-2000 Document number: N00000001739
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)

~~Marlin Arias~~

~~1217 NW 26th Ave. Cape Coral, FL 33993~~

~~Resigned~~

Diaz, Sandra E
3911 Country Club Blvd
103
Cape Coral FL 33904
Not Resigning / Pastor

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

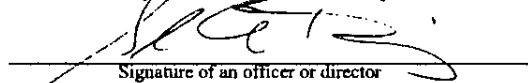
Mirla Alvarez

4310 9th St W Lehigh Acres, FL 33971

P.O. Box NOT acceptable

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.


Signature of an officer or director

Sandra Diaz / President

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.


Signature of Registered Agent

9/3/13

Date

If signing on behalf of an entity:

Mirla Alvarez

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)

SECRET
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