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COVER LETTER

Division of Corporations Centro de Alabanza y Renovación Espiritual, Inc. SUBJECT: Name of Corporation N0000001739 **DOCUMENT NUMBER:** 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: Edgardo Alvaro Suarez Velarde Name of Contact Person Centro de Albanza y Renovación y Espiritual, Inc. Firm/Company 3100 Del Prado Blvd South #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: Edgardo Alvaro Suarez Velarde 239 333-6280 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF Change of REGISTERED OFFICE ORREGISTERED AGENT OR. BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	or 0.17.0302, 007.1308 , $07.617.1308$, Florida State of Florida State of $\frac{\text{Flor}}{\text{Florida}}$	orida —————
in orde		r registered agent, or both, in the State of Flor	rida.
1. The name of	the corporation:	banza y Renovación Espiritual,Inc.	
2. The principal	l office address:	o Blvd South #201-204	
	Cape Coral, F	lorida. 33904	
3. The mailing	address (if different): P.O. Box 1		
	<u> </u>	I, Florida. 33915	
4. Date of incor	poration/qualification:	Document number: N0000000)1739
	d street address of the current regis ertment of State: (If resigned, enter	stered agent and registered office on file with resigned)	the
	Mirla C. Alvarez		型盤 あ
	4310 9th St. West Lehigh	Acres, Fl. 33971	見ること
	Resigned		· · · · · · · · · · · · · · · · · · ·
6. The name and (if changed):		red agent (if changed) and /or registered office	FU PM 12: 53
	Edgardo Alvaro Suarez Ve	elarde	3*
	12505 McGregor Blvd Apt.	. #201Fort Myers,Florida. 33919	
	P.O. I	Box NOT acceptable	
The street address changed will	ess of its registered office and the l be identical.	e street address of the business office of its re	gistered agent,
Such change wanthorized by the	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	icer so
S/LE		Sandra Diaz/ President	
J	ure of an officer or director	Printed or typed name and title	
I further agree performance of	to comply with the provisions of a f my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and comple h and accept the obligation of my position as to reflect a change in the registered office a otified in writing of this change.	te registered ddress, I
9		04/06/2016	
	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Edgardo Alv	aro Suarez Velarde		
7	Typed or Printed Name	-	

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