

N00679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

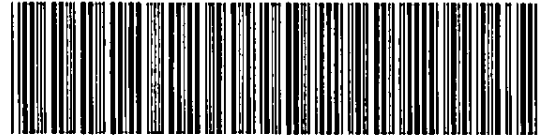
(Business Entity Name)

(Document Number)

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SEP 28 2017

SECRETARY OF STATE  
TREASURER  
FLORIDA

17 SEP 27 AM 9:07

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Agape Faith Center Ministries, Inc  
Name of Corporation

DOCUMENT NUMBER: N00679

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:

Marvenelle Thomas, Pastor  
Name of Contact Person

Agape Faith Center Ministries, Inc.  
Firm/Company

936 NW 31<sup>st</sup> Avenue  
Address

Gainesville, FL 32609  
City/State and Zip Code

agapefaithcenterministries@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marvenelle Thomas at ( 352 ) 332-~~0010~~ 0100  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Agape Faith Center Ministries, Inc
2. The principal office address: 11835 SW 8th Ave  
Gainesville, FL 32607
3. The mailing address (if different): 936 NW 31st Ave  
Gainesville, FL 32609
4. Date of incorporation/qualification: 12/30/1983 Document number: N00679
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)

Eugene P. Garvin, Sr. (resigned)  
11835 SW 8th Ave  
Gainesville, FL 32607

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

marvenelle W. Thomas  
11835 SW 8th Ave.  
Gainesville, FL 32607

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.

Marvenelle W. Thomas  
Signature of an officer or director

Marvenelle W. Thomas  
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.

Marvenelle W. Thomas  
Signature of Registered Agent

9/21/2017  
Date

If signing on behalf of an entity:

Agape Faith Center Ministries, Inc.  
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)

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17 SEP 27 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA