

# NOI 000005042

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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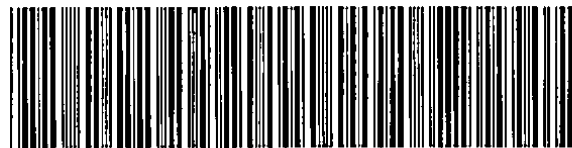
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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C. GOLDEN

AUG 10 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Tabernacle of Life, INC

Name of Corporation

DOCUMENT NUMBER: N01000005042

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:

Leroy Bryant

Name of Contact Person

The Tabernacle of Life, INC

Firm/Company

11784 NW 1st Street

Address

Coral Springs, FL 33071

City/State and Zip Code

ebryant7212@yahoo.com

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

For further information concerning this matter, please call:

Leroy Bryant

Name of Contact Person

at ( 954 ) 831-9300

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: The Tabernacle of Life, INC
2. The principal office address: 11784 NW 1st Street, Coral Springs, FL 33071
3. The mailing address (if different): same as principal address

4. Date of incorporation/qualification: 7/16/2001 Document number: N01000005042

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)

BRYANT, LEROY

11784 NW 1st Street

Coral Springs, FL 33071

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

Anishka Williamson

11784 NW 1st Street

P.O. Box NOT acceptable

Coral Springs, FL 33071

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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.

Leroy Bryant  
Signature of an officer or director

Leroy Bryant- 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.*

Anishka Williamson  
Signature of Registered Agent

7/31/2019

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