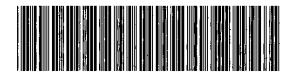
N01000008447

(Re	equestor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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Rochanse Thereis 8-11-08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SACRED AFRICA APOSTOLIC CHURCH USA INC
(Name of Corporation)
DOCUMENT NUMBER: N01000008447
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:
SHILAH JAMES
(Name of Contact Person)
SACRED AFRICA APOSTOLIC CHURCH USA INC (Firm/Company)
PO BOX 21085 (Address)
WEST PALM BEACH FLORIDA 33416 (City/State and Zip Code)
For further information concerning this matter, please call:
SHILAH JAMES at (561) 201 9979/561 252 6956 (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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha		607.1508, or 617.1508, Florida Statutes, this red under the laws of the State of FLORIDA red agent, or both, in the State of Florida.	
1. The name of t	he corporation: SACRED AFRICA APOST	TOLIC CHURCH USA,INC.	
2. The principal	office address: 6240 SUNTREE COURT V	N PALM BCH FL 33413 USA	
3. The mailing a	ddress (if different): PO BOX 21085		
WEST PALM	BEACH FLORIDA 33416		
4. Date of incorp	oration/qualification:	Document number: N01000008447	
	street address of the current registered age tment of State:	•	
	KEVI LEE JONES	TASE SE	
	6240 SUNTREE COURT WEST P	ALM BEACH FL 33413 USA ALM BEACH FL 33413 USA ALM BEACH FL 33413 USA	
		SER R	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	
	KEVI LEE JONES	स	
	16030 OKEECHOBEE BLVD	*	
	(P.O. Box NOT acceptable)		
	LOXAHATCHEE FL 33470		
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,	
Such change was authorized by the	is authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
(Signatu	re of an officer or director)	SHILAH JAMES, SECRETARY (Printed or typed name and title)	
I further agree to of my duties, an document is bei	d I am familiar with and accept the oblig	agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Xev i	registered Agent)	MAY 15,2008 (Date)	
	half of an entity:		
KEVI LEE JO		ex	

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