

NO1000008447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO Charge
Tewis
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

(Name of Contact Person)

at (561)

201 9979/561 252 6956

(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: SACRED AFRICA APOSTOLIC CHURCH USA, INC.
2. The principal office address: 6240 SUNTREE COURT W PALM BCH FL 33413 USA
3. The mailing address (if different): PO BOX 21085
WEST PALM BEACH FLORIDA 33416
4. Date of incorporation/qualification: _____ Document number: N01000008447
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KEVI LEE JONES

6240 SUNTREE COURT WEST PALM BEACH FL 33413 USA

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

KEVI LEE JONES

16030 OKEECHOBEE BLVD

(P.O. Box NOT acceptable)

LOXAHATCHEE FL 33470

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.

Shilah James
(Signature of an officer or director)

SHILAH JAMES, SECRETARY

(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.

Kevi Lee Jones
(Signature of Registered Agent)

MAY 15, 2008

(Date)

If signing on behalf of an entity:

KEVI LEE JONES

(Typed or Printed Name)

- Deacon / officer

*** 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 (8/05)

FILED
2008 AUG -4 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA