

N02 000004519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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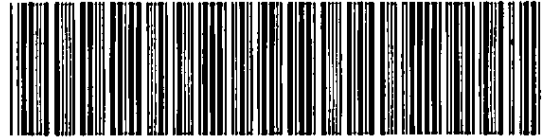
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 28 2022
S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MILLENNIUM PRAYER BY DESIGN, INC.
Name of Corporation

DOCUMENT NUMBER: N020000045419

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:

MARGARETREE ANGEL JENKINS

Name of Contact Person

MILLENNIUM PRAYER BY DESIGN, INC.

Firm/Company

PO BOX 541102

Address

OPA LOCKA, FL 33054

City/State and Zip Code

MILLENNIUMRHEMA@GMAIL.COM

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

For further information concerning this matter, please call:

MARGARETREE ANGEL JENKINS at (786) 597-9840
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 MIAMI FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MILLENNIUM PRAYER BY DESIGN, INC
2. The principal office address: 1951 WASHINGTON AVENUE
OPA LOCKA, FL 33054
3. The mailing address (if different): PO BOX 541102
4. Date of incorporation/qualification: 06/12/2002 Document number: N02000004519
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)

JENKINS, ANGEL M

1951 WASHINGTON AVENUE

OPA LOCKA, FL 33054

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

MARGARETREE ANGEL JENKINS

1951 WASHINGTON AVENUE

P.O. Box NOT acceptable

OPA LOCKA FL, 33054

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.

Margaret Angel Jenkins
Signature of an officer or director

MARGARET ANGEL JENKINS /CEO

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.

Margaret Angel Jenkins
Signature of Registered Agent

4/30/22
Date

If signing on behalf of an entity:

Margaret Angel Jenkins MARGARETREE ANGEL JENKINS
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 (04/13)

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TALLAHASSEE, FLORIDA