NO20000 5627

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
u13

Office Use Only



000343419660

04/21/20--01006--031 **65.00

RECEIVED

APR 2 0 2020

2020 HAY 18 PM 3: 1

RAROICHS

MAY 19 2020 I ALBRITTON



April 30, 2020

SHAWN HOUSE 2509 S. ELM AVE SANFORD. FL 32773

SUBJECT: CHURCH OF GOD OF PROPHECY WHOLE WORLD GOSPEL

CENTER, INC.

Ref. Number: N02000005627

We have received your document for CHURCH OF GOD OF PROPHECY WHOLE WORLD GOSPEL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The officer director signature don't match the name printed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 220A00008999

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: Church of God of Prophecy Whole World Gospel Center, Inc. The principal office address: 2509 S. Elm Ave. Sanford, F1, 32773		
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 07/24/2002 Document number: N02000005627	
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Vicki K. Levy	
	1732 N. Ronald Reagan Blvd.	
	1732 N. Ronald Reagan Blvd. Longwood, FL 32750	
6. The name and (if changed):	Longwood, FL 32750 I street address of the new registered agent (if changed) and /or registered office	
	Shawn House =	
	2509 S. Elm Ave. Sanford, Fl. 32773	
	, P.O. Box NOT acceptable	
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, of the corporation has been notified in writing of the change.	
Signatu	Shawn House, President Printed or typed name and title	
I further agree . of my duties, an docume n sis bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.	
	5-12-2020	
If signing on be	half of an entity: nature of Registered Agent Date half of an entity: n	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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