·	
NDZOO	OODSlafg
(Requestor's Name) (Address)	
(Address)	300279988373
(City/State/Zip/Phone #)	12/14/1501009021 **35.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	2015 DEC 1 TALLAHAS
Special Instructions to Filing Officer:	L PH 2: 36 SSEE. FLORIDA
	\square
. Office Use Only	KAKDUN
	DEC 15 2015
	IALBRITTON

l

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Iglesia De Dive Bethel IN TAMPA, INC. Name of Corporation

DOCUMENT NUMBER: NO2060005644

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:

Melquis Reves Name of Contact Person	
· Name of Contact Terson	
Iglesia De Dios Bethel Firm/Company	
Firm/Company	
4202 N Hubert Ave Address	
Address	
Tampa, FL 336141 City/State and Zip Code	
City/State and Zip Code	
Melquisgr 90 @ gmail - Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Melquis Reyes at (717) 808-1622 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

1. The name of the corporation: Iglesic De Dios Bethel IN Tampa, INC.		
2. The principal office address: 4202 N Hubers Lie Tampa, FL 33614		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 9-24-2014 Document number: NO20000 5644		
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)		
Josue A Rimentel		
5613 Santa Monica Drive		
Tampa FL 33615 FE F T		
6. The name and street address of the new registered agent (if changed) and /or registered office F		
ABDIAS JOSUE PIMEAtel		
4282 N. HUBERT AVENUE P.O. Box NOT acceptable Tampa, FL 33614		
Tampa, FL 33614		

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.

nature of an officer or director

Melquis Reves Title S Printed or typed name and title

12-10-15 Date

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.

Signature of Registered Agent

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 CR2E045 (03/12)