

N03000009066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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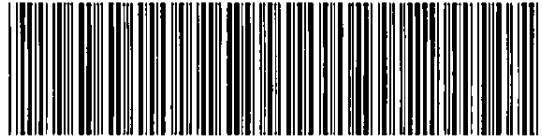
(Business Entity Name)

(Document Number)

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FLORIDA

H. HUNT
04/08/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMMAUS ALLIANCE MINISTRIES, INC
Name of Corporation

DOCUMENT NUMBER: N03000009066

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:

ST. LOUIS MERVILUS
Name of Contact Person
EMMAUS ALLIANCE MINISTRIES, INC
Firm/Company
6728 HERITAGE GRANDE APT 4302
Address
BOYNTON BEACH FL 33437
City/State and Zip Code
emmaus49@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ST. LOUIS MERVILUS at (561) 502-5628
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EMMAUS ALLIANCE MINISTRIES, INC
2. The principal office address: 2206 WEST ATLANTIC AVE STE 1
DELRAY BEACH FL 33445
3. The mailing address (if different): P.O. BOX 8312, DELRAY BEACH FL 33482
4. Date of incorporation/qualification: 10/14/2003 Document number: N03000009066
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)

PRESENDIEU, BERCUSE (RESIGNED)

710 S SWINTON AVE

DELRAY BEACH, FL 33444

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

OBAS, MARIE LUTA

1025 AREZZO CIRCLE

P.O. Box NOT acceptable

BOYNTN BEACH FL 33436

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.

St Louis Mervilus
Signature of an officer or director

ST. LOUIS MERVILUS

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.

St Louis Mervilus
Signature of Registered Agent

04/02/2024

Date

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 (04/13)