

N04000000782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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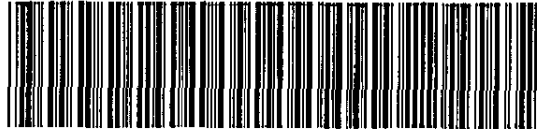
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(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPIRIT OF THE LIVING GOD OUTREACH MINISTRIES
(Name of corporation)

DOCUMENT NUMBER: N04000000782

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:

ANDREW M. CAMPBELL
(Name of contact person)

SPIRIT OF THE LIVING GOD OUTREACH MINISTRIES
(Firm/Company)

5907 POLK STREET,
(Address)

HOLLYWOOD, FLORIDA 33021.
(City/state and zip code)

For further information concerning this matter, please call:

ANDREW M. CAMPBELL at (954) 962-5981
(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
409 E. Gaines Street
Tallahassee, FL 32399

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.

- ANDREW M. CAMPBELL
5907 POLK STREET,
(P.O. Box NOT acceptable)
HOLLYWOOD, FLORIDA 33021.

A. Campbell
(Signature of an officer or director)

(Printed or typed name and title)

A. Campbell
(Signature of Registered Agent)

6/19/25
(Date)

ANDREW M. CAMPBELL.
(Typed or Printed Name)

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