N04000005217

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Da	cument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STAILS
AFFAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations SUBJECT: ANOINTING FAITH FREE TABERNACLE OF PRAYER (Name of Corporation) N04000005217 DOCUMENT NUMBER:_ 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: CARMEN MARIE THURMAN (Name of Contact Person) (Firm/Company) 4004 INVERRARY BOULEVARD APT#4B (Address) LAUDERHILL, FLORIDA 33319 (City/State and Zip Code) For further information concerning this matter, please call: 591-6251 **CARMEN MARIE THURMAN** (Area Code & Daytime Telephone Number) (Name of Contact Person) 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

TO:

Amendment Section

TO: Amendment Section Division of Corporations

SUBJECT: Anointing Faith Free Tabernacle Of Prayer

DOCUMENT NUMBER: N04000005217

Dear Sir/Madame:

Please be advised that enclosed is a check/money order in the amount of \$43.75, which covers the Filing Fee and a Certificate of Status.

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 State	utes, this		
statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Flori	ida		
1. The name of the corporation: ANOINTING FAITH FREE TABENACLE OF PRAYER, INC.	· Air	97	
2. The principal office address: 4004 INVERRARY BLVD APT#4B		15 20	
LAUDERHILL, FLORIDA 33319			
3. The mailing address (if different):		AM	- 1
4.41011.2001		<u>ფ</u>	Ċ
4. Date of incorporation/qualification: MAY 24, 2004 Document number: NO4000005	5 2 \$7⊳		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		_	
Carmen M Thorman			
6330 NW 26TH STREET			
SUNRISE, FL 33313			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
Larmen M thorman	!		
4004 INVERRARY BOULEVARD APT#4B			
(P.O. Box NOT acceptable) LAUDERHILL, FLORIDA 33319			
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered	agent	•
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	ficer so		
(Brighture of an ables or timector) CARMEN MARIE THURMAN ((Printed or typed name and title)		<u>)ENT</u>)
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	ete perfo gent. Oi onfirm t	rmanc r, if thi hat the	re is e
(Signature of Registered Agent) 3/23/07 (Date)			
If signing on behalf of an entity:			
(Typed or Printed Name)			

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