

NID40000011667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

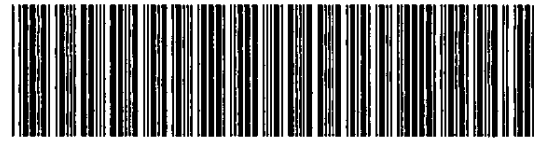
(Business Entity Name)

(Document Number)

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APR 03 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adams Tabernacle Of Faith A.M.E. Church, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000011667

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:

Mr. Vincent Kinloch Trustee
Name of Contact Person

Adams Tabernacle Of Faith A.M.E. Church
Firm/Company

20851 Johnson Street Suite#115
Address

Pembroke Pines, FL 33029
City/State and Zip Code

atof011@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Kinloch at (305) 335-6597
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

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: Adams Tabernacle Of Faith A.M.E. Church, Inc.
2. The principal office address: 20851 Johnson Street Suite #115 Pembroke Pines, FI 33029
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-15-2004 Document number: N04000011667
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)

Milton Broomfield

881 Bartell Lane

Rockledge, FI 32955

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Vernon Miller II
1565 N W 159th ave
P.O. Box NOT acceptable
Pembroke Pines, FI 33028

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TALLAHASSEE, FLORIDA

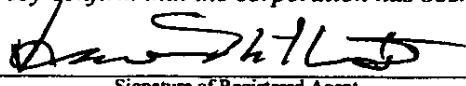
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Vincent Kinloch Trustee
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.


Signature of Registered Agent

3/26/2017
Date

If signing on behalf of an entity:
VERNON MILLER
Typed or Printed Name

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