

NO 4137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

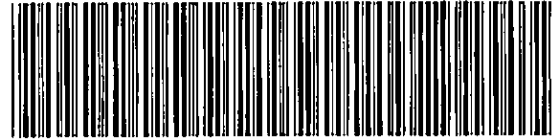
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ministerio Casa De Oracion
Name of Corporation

DOCUMENT NUMBER: N04137

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:

Misiel Peralta (day Care Director)
Name of Contact Person
Ministerio Casa DE Oracion
Firm/Company
20151 NW 67th ave
Address
Hiakeah Florida 33015
City/State and Zip Code

caaasadeoracion20151@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Misiel Peralta(day Care Director) at (786/991/7092) 786.991.7092
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: Ministerio Casa De Oracion
2. The principal office address: 20151 NW 67th avenue
Hialeah Florida 33015
3. The mailing address (if different): same
4. Date of incorporation/qualification: 07/12/1984 Document number: N04137
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)

Jose Tabraue
12714 South Winners Circle
Davie, FL 33330

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

Adelaida Alicea
18656 Mediterranean Blvd.
P.O. Box NOT acceptable
Hialeah, FL 33015

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

Jose Tabraue Pastor//President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity

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