

105000000153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

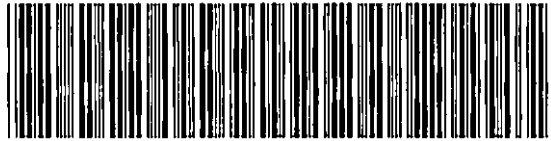
(Business Entity Name)

(Document Number)

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2019 DEC 10 P 3:29
HARRIS COUNTY, TEXAS

DEC 13 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Liberian Ministries Inc.

Name of Corporation

DOCUMENT NUMBER: N05000000153

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:

Tayler Amerson

Name of Contact Person

Gully Springs Baptist Church

Firm/Company

2824 Hwy 90

Address

Bonifay FL 32425

City/State and Zip Code

mrs.tayleramerson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tayler Amerson

Name of Contact Person

at (

850 849-5109

) 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: Liberian Ministries Inc.

2. The principal office address: 2824 Hwy 90 Bonifay Fl 32425

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/07/06 Document number: N05000000153

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)

Avery E. Hauser iii

1317 Esker Martin Rd.

Bonifay Fl. 32425

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

2826 Hwy 90

Bonifay Fl 32425

P.O. Box NOT acceptable

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

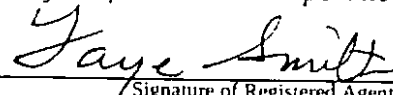
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Avery E. Hauser iii

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

12/03/18

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 (03/12)