

Division of Corporations Public Access System

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Division of Corporations

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: BUSH ROSS, P.A.

Account Number : 119990000150

Phone

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REGISTERED AGENT CHANGE

IGLESIA TABERNACULO DE LA UNCION, INC.

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CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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:	Iglesia Tabernaculo De La Uncion, Inc.	
2. The principal office address: 1108 24 Avenue East, Ellenton, FL 34222		
3. The mailing address (if different): P. O. Box 895, Palmetto, FL 34220		
4. Date of incorporation/qualification:	01/18/2005 Document number: N05000000526	
The name and street address of the cur Florida Department of State:	rent registered agent and registered office on file with the	
Randy K. Stems	and the second s	
220 S. Franklin Street		
Tampa, FL 33602		
The name and street address of the net (if changed):	w registered agent (if changed) and /or registered office	
Bush Ross Reg	istered Agent Services, LLC	
1801 North Hig	chland Avenue	
Tampa, Florida	33602	
The street address of its registered office as changed will be identical.	chland Avenue 33602 and the street address of the business office of its registered agent,	
Such change was authorized by resolution by the board, or the corporation has been a	duly adopted by its board of directors or by an officer so authorized notified in writing of the change.	
(Signature of an officer or director	or) (Printed or typed name and title)	
I further agree to comply with the provisi of my duties, and I am familiar with and	ered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Of, if this a change in the registered office address, I hereby confirm that the i linis citange.	
al	OCT - 28 7098	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
(Typed or Printed Name)	ce Konauf	
* * * FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314