## N06000000193

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TALLAHASSEE, FLORIDA

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

First Bantiet Church of History	ah Gardane Inc
SUBJECT: First Baptist Church of Hiales (Name of Co	orporation)
DOCUMENT NUMBER: N 0600000193	
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:
Oscar Ramirez (Name of Con	tact Person)
First Baptist Church of Hial (Firm/Co	eah Gardens, Inc mpany)
13090 NW 107th Ave.	ess)
Hialeah Gardens, Fl. 33018 (City/State an	d Zip Code)
For further information concerning this matter, please c	all:
Oscar Ramirez (Name of Contact Person)	at ( 754 ) 235-3878 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depart	ment 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,		_		s	
statement of change is submitted for a corporation organized in order to change its registered office or registered	•	J			•
		•	LLA LLA	O7 MA	
1. The name of the corporation: First Baptist Church of			<del>ED</del>	<del>- 20</del>	
2. The principal office address: 13090 NW 107th Ave.	Hialean Gardens,	, Fl. 33018	MAX.	<del></del> -	
Physical Company of the Madelland Company of the Co			<u> </u>		1
3. The mailing address (if different):			85 C 2	<u> </u>	
			Dr.	<u>.</u>	
4. Date of incorporation/qualification: 01/05/06	Document number	er: N060000	00193		
5. The name and street address of the current registered age Florida Department of State:	nt and registered offi	ce on file with	the		
Victor Rones					
16105 NE 18th Ave					
North Miami Beach, Fl 33162					
6. The name and street address of the new registered agent (if changed):	(if changed) and /or r	egistered offic	e		
Oscar Ramirez					
13090 NW 107th Ave.					
(P.O. Box NOT acceptable)  Hialeah Gardens, FI 33018					
The street address of its registered office and the street as changed will be identical.	ddress of the busines	ss office of its	registere	d agen	it,
Such change was authorized by resolution duly adopted authorized by the board, of the corporation has been not	by its board of directified in writing of the	tors or by an c e change.	fficer so	1	
(Signature of an officer or director)	Oscar Ramirez	, Pastor	(e)		-
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this described to the production of my position registered office add	capacity. oper and comp as registered dress, I hereby	olete perj agent. ( confirm	forman Or, if ti that ti	ice his he
Pacon Kamme	03/06/07				
(Signature of Registered Agent)		(Date)			**
If signing on behalf of an entity:					
Oscar Ramirez					
(Typed or Printed Name)					
* * * FILING FEI	C: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)