

NO6000 002 071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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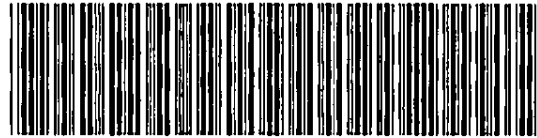
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 11 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROCK OF MIRACLES INTERNATIONAL MINISTRIES
Name of Corporation

DOCUMENT NUMBER: N06000002071

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:

Marie Souffrant
Name of Contact Person

Rock of Miracles Int'l Ministries
Firm/Company

1423 Villena Ave #103
Address

Tampa FL 33612
City/State and Zip Code

Rock of Miracles 7712@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanna Abbott at (404) 908-2813
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: Rock of Miracles International Ministries
2. The principal office address: 10429 AUTUMN PLACE DR #203
Tampa FL 33637
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/2006 Document number: N06000002071
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)

Marie Souffrant
10429 AUTUMN PLACE DR #203
Tampa FL 33637

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

Marie Souffrant
1423 Villena Ave #103
P.O. Box NOT acceptable
Tampa FL 33612

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]
Signature of an officer or director

Giovanna Abbott
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]
Signature of Registered Agent

11.26.19
Date

If signing on behalf of an entity:

Giovanna Abbott
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 (04/13)

2019 DEC -2 PM 12:59