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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: ACE Faith Kingdom Church, INC.

Name of Corporation

N06000006237

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:

Clarence L Sellers

Name of Contact Person

ACE Faith Kingdom Church, INC.

Firm/Company

19374 Fallglo Drive

Orlando, FL 32827

City/State and Zip Code

ACEFAITHKINGDOM@YAHOO.COM

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

For further information concerning this matter, please call:

Clarence L Sellers

757 303-8972
Area Code & Daytime Telephone Number

Name of Contact Person

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, 607.150 statement of change is submitted for a corporation organized under in order to change its registered office or registered agent | r the laws of the State of Florida | | |
|---|---|-------------------|----|
| 1. The name of the corporation: ACE Faith Kingdom Ch | surch, INC. | | |
| 2. The principal office address: 19374 Fallglo Dr. Orland | | | |
| | . = | | |
| 3. The mailing address (if different): PO Box 772603 Orla | ando, FL 32877 | | |
| 4. Date of incorporation/qualification: 06/09/2006 Doc | cument number: N0600000 | 6237 | |
| 5. The name and street address of the current registered agent and reflorida Department of State: (If resigned, enter resigned) | registered office on file with the | | |
| Norvice G Sellers | | | |
| 19374 Fallglo Dr | | 2011 | |
| Orlando, FL 32827 | | 018 NOV 16 | |
| 6. The name and street address of the new registered agent (if changed): | ged) and /or registered office | PH (| M |
| Clarence L Sellers | | မှာ (| O |
| 19374 Fallglo Dr | | 02 | |
| P.O. Box NOT acceptable Orlando, FL 32827 | | | |
| The street address of its registered office and the street address of as changed will be identical. | f the business office of its registe | ered agent | t, |
| Such change was authorized by resolution duly adopted by its boa authorized by the board, or the corporation has been notified in w | ard of directors or by an officer striting of the change. | so | |
| Signature of an officer or dimethr | elle Hicks Secretary | | |
| I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the agent. Or, if this document is being filed merely to reflect a chan hereby confirm that the corporation has been notified in writing of | ve to the proper and complete - | istered iss, 1 | |
| Cha L Sellan | 11/5/18 | | |
| Signature of Registered Agent | Date | | |
| If signing on behalf of an entity: | | | |
| Typed or Printed Name | | | |
| * * * FILING FEE: \$35.00 |) * * * | | |