

**N 06 000006237**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

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C. GOLDEN

NOV 21 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: ACE Faith Kingdom Church, INC.  
Name of Corporation

DOCUMENT NUMBER: 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  
Address

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 at ( 757 ) 303-8972  
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: ACE Faith Kingdom Church, INC.
2. The principal office address: 19374 Fallglo Dr. Orlando, FL 32827
3. The mailing address (if different): PO Box 772603 Orlando, FL 32877
4. Date of incorporation/qualification: 06/09/2006 Document number: N06000006237

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)

Norvice G Sellers
19374 Fallglo Dr
Orlando, FL 32827

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

Clarence L Sellers
19374 Fallglo Dr
Orlando, FL 32827
P.O. Box NOT acceptable

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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

Michelle Hicks Secretary
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

11/5/18
Date

If signing on behalf of an entity:

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*