

NO 700000

3812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

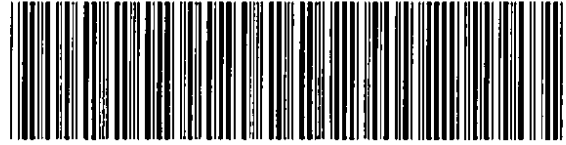
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Church of God of Prophecy of Daytona Beach, Inc
Name of Corporation

DOCUMENT NUMBER: NO70000003812

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:

Mary Lynne Balzarotti

Name of Contact Person

Church of God of Prophecy of Daytona Beach, Inc

Firm/Company

965 Vine Street

Address

Daytona Beach, FL 32117

City/State and Zip Code

Lynned952@gmail.com

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

For further information concerning this matter, please call:

Mary Lynne Balzarotti

Name of Contact Person

at (386 212-1432)

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Church of God of Prophecy of Daytona Beach, Inc
2. The principal office address: 965 Vine Street
Daytona Beach, Florida 32117
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-13-07 Document number: NO7000003812
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)

resigned

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

Richard Roberts

955 Vine Street

P.O. Box NOT acceptable

Daytona Beach, FL 32117

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.

Mary L Balzarotti
Signature of an officer or director

Mary Lynne Balzarotti

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.

Richard A. Roberts
Signature of Registered Agent

8-20-2023
Date

If signing on behalf of an entity:

Richard A. Roberts
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)