

N070000003969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alvin White Jr Pastoral Ministries

Name of Corporation

N07000003969

DOCUMENT NUMBER:

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:

Dr Alvin White Jr

Name of Contact Person

Alvin White Jr Pastoral Ministries

Firm/Company

5036 Dr Phillips Blvd #246

Address

Orlando, Florida 32819

City/State and Zip Code

awhite1043@earthlink.net

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

For further information concerning this matter, please call:

Dr Alvin White Jr

407

466-4921

at ()

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

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DIVISION OF CORPORATIONS
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BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 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.

Alvin White Jr Pastoral Ministries

1. The name of the corporation:

5036 Dr Phillips Blvd #246 Orlando, Florida 32819

2. The principal office address:

3. The mailing address (if different):

4. Date of incorporation/qualification:

Document number: N07000003969

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)

Bruce Portigliatti

5036 Dr Phillips Blvd #246

Orlando, Florida 32819

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

Brenda Bryant

5036 Dr Phillips Blvd #246

P.O. Box NOT acceptable

Orlando, Florida 32819

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.

Q. White
Signature of an officer or director

Alvin White Jr

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.

Brenda G. M. Bryant
Signature of Registered Agent

March 1, 2016

Date _____

If signing on behalf of an entity:

Dr Alvin White Jr

Typed or Printed Name

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

0123456789