

NO 70000006110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

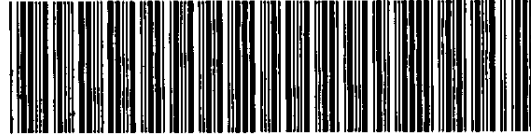
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 29 2016
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANANTIAL DE VIDA MINISTERIO CRISTIANO, INC
Name of Corporation

DOCUMENT NUMBER: NO7000006110

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:

CIRILA C. SABATER

Name of Contact Person

Firm/Company

2301 NW 10 AVE #301

Address

MIAMI FLORIDA 33127

City/State and Zip Code

carmensabater1950@gmail.com

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

For further information concerning this matter, please call:

Cirila C. Sabater

Name of Contact Person

at (305) 979-3129

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: MANANTIAL DE VIDA MINISTERIO CRISTIANO, INC

2. The principal office address: 454 NW 22 AVE #206 MIAMI FLORIDA 33125

3. The mailing address (if different): 2301 NW 10 AVE #301 MIAMI FLORIDA 33127

4. Date of incorporation/qualification: JUNE 19, 2007 Document number: NO7000006110

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)

454 NW 22 AVE #206 MIAMI FLORIDA 33125

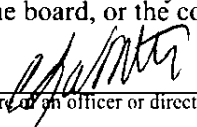
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

454 NW 22 AVE #204 MIAMI FLORIDA 33125

P.O. Box NOT acceptable

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.

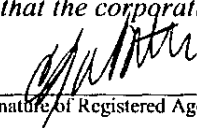


Signature of an officer or director

CIRILA C. SABATER -PD.

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 of Registered Agent

02/22/2016

Date

If signing on behalf of an entity:

Cirila C. Sabater

Typed or Printed Name

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