## no700006110

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

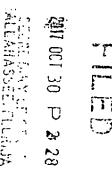
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FILING CANCELLED RETURNED CHECK

10/30/17--01038--014 \*\*35.00



110V 0 1 2017. T. LEMIEUX



## FILING CANCELLED RETURNED CHECK

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: MA	ANANTIAL DE VIDA MINISTERIO CRISTIANO, INC  Name of Corporation					
DOCUMENT N	7000000440					
The enclosed St	tatement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all	l correspondence concerning this matter to the following:					
	Cirila C Sabater					
Name of Contact Person						
Shumter						
Virm/Company						
2301 NW 22 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 info	ormation concerning this matter, please call:					
	. Sabater Name of Contact Person  Area Code & Daytime Telephone Number					
]	Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$3	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

CR2E045 (03/12)

Chy 529

## . .. > STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws o	f the State of FLORIDA
		_	•
<ol> <li>The name of t</li> <li>The principal</li> </ol>	he corporation: MANANTIAL DE VI office address: 454 NW 22 AVE # 2	204 MIAMI FLO	ORIDA 33125
3. The mailing a	ddress (if different): 2301 NW 10 AV	/E # 301MIAM	I FLORIDA 33127
4. Date of incorp	poration/qualification: 06/19/2007	Document nun	7000006110
5. The name and	street address of the current registered ago tment of State: (If resigned, enter resigned		
	Po Box 110464 , HIALEAH FL	. 33011	FILING CANCELLEI <del>RETU</del> RNED CHECK
6. The name and (if changed):	street address of the new registered agent 2301 NW 10 AVE #301 MIAM P.O. Box NOT as	I FL 33127	r registered office 30 P 28
The street addre	ess of its registered office and the street ac be identical.	ddress of the busine	ess office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopted to board, or the corporation has been noting the property of the corporation of the corporation has been noting the corporation of the corporation duly adopted to the corporation has been noting to the corporation duly adopted to the corporation has been noting to the corporation duly adopted to the corporation has been noting to the corporation duly adopted to the corpo	by its board of directified in writing of the Cirila C Sabat	
I further agree to performance of agent. Or, if the	the appointment as registered agent and to comply with the provisions of all statut my duties, and I am familiar with and accis document is being filed merely to reflect that the corporation has been notified in	tes relative to the pr cept the obligation ct a change in the r	roper and complete of my position as registered egistered office address, l
		10-24-2017	
	half of an entity:		Date
т,	yped or Printed Name		

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