## N01000008151

(Requ	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phon	e #)
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FEB 0 8 2020 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporation	s	
SUBJECT: Wanda Bruce Name of Corporation	Ministries Inc	
DOCUMENT NUMBER: NOT	000008751	
The enclosed Statement of Chair	ige of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence	concerning this matter to	the following:
Wanda Bruce		
Name of Contact Person		<del></del>
Wanda Bruce Ministries Inc Firm/Company		<del></del>
PO Box 6512		
Address		
Deltona FL. 32728		
City/State and Zip Code		
	inistries@gmail.com	
E-mail address: (to be used for	or future annual report n	otification)
For further information concern	ing this matter, please call	:
Wanda Bruce		at ( 386 ) 215-2316
Name of Contac	t Person	at ( <u>386</u> ) <u>215-2316</u> Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.		
<u>Mailin</u>	g Address:	Street Address: Amendment Section
	dment Section on of Corporations	Division of Corporations
	Sox 6327	Clifton Building
	assee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

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

	nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Wanda Bruce Ministries Inc
2. The principal of	office address: 829 Deltona Blvd. suite 101
Deltona FL 32	725
3. The mailing ac	ddress (if different): PO Box 6512 Deltona FL. 32728
	oration/qualification: 9/5/2007 Document number: N07000008751
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Wanda Bruce
	1500 Beville Rd. Suite 606 #367
	Daytona Beach, FL 32114
6. The name and (if changed):	Daytona Beach, FL 32114  street address of the new registered agent (if changed) and /or registered office of the part of the
	829 Deltona Blvd. suite 101
	P.O. Box NOT acceptable  Deltona FL. 32725
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	Emma Rodriguez- Secretary  Printed or typed name and title
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
Wat Sign	nature of Registered Agent Date
If signing on be	half of an entity:
Т,	sped or Printed Name

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