

N07 0000009288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

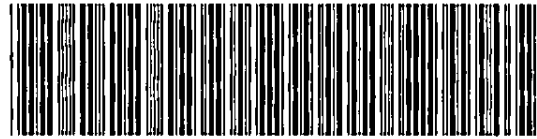
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300341178193

03/02/20--01026--002 **35.00

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
2020 MAR -2 PM 3:15

Qm
3/16/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHURCH OF GOD OF PROPHECY OF DELEON SPRINGS, INC.
Name of Corporation

DOCUMENT NUMBER: N07000009288

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:

CHRIS A. MILLER

Name of Contact Person

CHURCH OF GOD OF PROPHECY OF DELEON SPRINGS, INC.

Firm/Company

4721 DUNDEE AVE.

Address

DELEON SPRINGS, FLORIDA 32130

City/State and Zip Code

cmiller1960@aol.com

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

For further information concerning this matter, please call:

Chris A. Miller

Name of Contact Person

at (386) 277-2167

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: CHURCH OF GOD OF PROPHECY OF DELEON SPRINGS, INC.
2. The principal office address: 4721 DUNDEE AVE. DELEON SPRINGS, FL 32130
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/19/2007 Document number: N07000009288
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)

Allas, grace gulledge

10 high ridge ave

deleon springs, FL 32130

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

CHRIS A. MILLER

4721 DUNDEE AVE. DELEON SPRINGS, FL 32130

P.O. Box NOT acceptable

DELEON SPRINGS, FL 32130

2020 MAR -2 PM 3:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Chris A. Miller
Signature of an officer or director

Chris A. Miller, President, Appointed Pastor

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.

Chris A. Miller
Signature of Registered Agent

02/25/2020
Date

If signing on behalf of an entity:

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)