

NO 70000 10845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

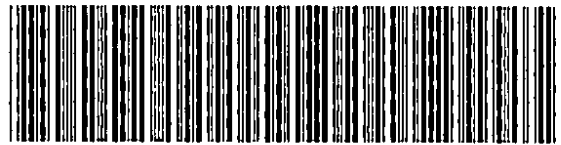
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500322244335

12/26/18--01010--013 *\$35.00

2019 JAN 24 PM 3:42

FILED

JAN 29 2019
T. LEMIEUX

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Touch Heaven Ministries, Inc.

Name of Corporation

DOCUMENT NUMBER: N07000010845

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:

Lorilee Amedia

Name of Contact Person

Touch Heaven Ministries, Inc.

Firm/Company

10 Skyline Drive

Address

Canfield, OH

City/State and Zip Code

lorilee@touchheaven.com

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

For further information concerning this matter, please call:

Philip S. Haney

Name of Contact Person

at (918) 744.1023

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



see attached

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2019

LORILEE AMEDIA
10 SKYLINE DR
CANFIELD, OH

SUBJECT: TOUCH HEAVEN MINISTRIES, INC
Ref. Number: N07000010845

We have received your document for TOUCH HEAVEN MINISTRIES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 819A00000379

2019 JAN 23 PM 2:21

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: Touch Heaven Ministries, Inc.
2. The principal office address: 113 Almeria Avenue, Coral Gables, FL 33134
3. The mailing address (if different): 10 Skyline Drive, Canfield, OH 44406
4. Date of incorporation/qualification: 11/08/2007 Document number: N07000010845
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)

Thomas D. Alfano

7800 Red Road, Suite 127

South Miami, FL 33143

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

Lorilee Amedia

113 Almeria Avenue

P.O. Box NOT acceptable

Coral Gables, FL 33134

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.

Lorilee Amedia
Signature of an officer or director

Lorilee Amedia, Director

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.

Lorilee Amedia
Signature of Registered Agent

1/17/19
Date

If signing on behalf of an entity:

Lorilee Amedia
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