## N08000005068

(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: MINISTERIO DEALYENS EMBAJAD	ORES DE CRISTO
Name of Corporation	
DOCUMENT NUMBER: N08000005068	
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:
JOSHKEL DE JESUS MARTINEZ MEDINA	
Name of Contact Person	
MIISTERIO DEALYENS EMBAJADORES DE CRI	STO
Firm/Company	<del></del>
Address	<del></del>
City/State and Zip Code	
AGNORIS14@HOTMAIL.CO	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	case call:
NORIS MIREYA MARTINEZ	at (561 )502-9077
Name of Contact Person	at (561 )502-9077 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8107 Tallahassee, FL 32303

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

statement of cha	ange is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida Statutes, organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.			
		ALYENSEMBAJADORES DE CRISTO			
2. The principal	office address: 1353 SUMMIT PINI	ES BLVD # 5321 WEST PALM BEACH, FL 33415			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 05/27/2008	Document number: N08000005068			
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)			
	AGUSTIN MARTINEZ				
	1353 SUMMIT PINES BLVD # 533	21 WEST PALM BEACH,FL 3.3415			
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office			
	JOSHKEL DE JESUS MARTINEZ	MEDINA			
	1353 SUMMIT PINES BLVD # 5321 WEST PALM BEACH,FL 33415				
		P.O. Box NOT acceptable			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its register	rc∰agent,		
		dopted by its board of directors or by an officer's ear notified in writing of the change.			
Trons ).	1) / Karling	NORIS MIREYA MARTINEZ DVPS 5 15	<u> </u>		
Signatu	re of an officer or directed	Printed or typed name and title			
I further agree to of my duties, and document is bei	to comply with the provisions of a	en and agree to act in this capachy. Il statutes relative to the proper and complete per the obligation of my position as registered agent. In the registered office address. I hereby confirm	rfoirmance Of if this m that the		
	Tieceill	12/09/2022			
Sig	nature of Registered Agent	Daic			
If signing on be	half of an entity:				
T	yped or Printed Name				

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