

N0900000 6554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

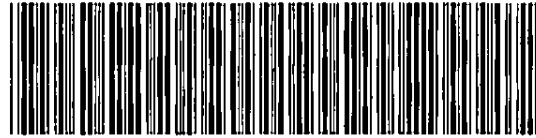
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C. K. K. K.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ONE CITY MINISTRIES, INC.**

Name of Corporation

DOCUMENT NUMBER: **N08000006554**

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:

BRENDA SCARBOROUGH

Name of Contact Person

Firm/Company

25344 WESLEY CHAPEL BLVD., STE 115

Address

LUTZ, FL 33559

City/State and Zip Code

BRENDA@ONECITY.US

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

For further information concerning this matter, please call:

BRENDA SCARBOROUGH at **813 380-5015**

Name of Contact Person

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

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JUL 18 PM 4:25
TALLAHASSEE, FLORIDA

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2019 JUL -5 AM 11:59
TALLAHASSEE, FLORIDA

**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: ONE CITY MINISTRIES, INC.
2. The principal office address: 25344 WESLEY CHAPEL BLVD. STE 115
LUTZ, FL 33559
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/11/2008 Document number: N08000006554

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)

BRENDA SCARBOROUGH
3959 VAN DYKE RD STE 299
LUTZ, FL 33558

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

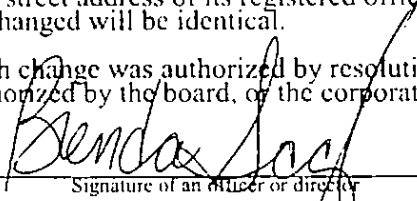
BRENDA SCARBOROUGH
25344 WESLEY CHAPEL BLVD. STE 115
LUTZ, FL 33559

P.O. Box NOT acceptable

JUL 18 PM 4:29
CORPORATION
TALLAHASSEE, FL 32310

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.


Signature of an officer or director

BRENDA SCARBOROUGH
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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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