

N09000000 2135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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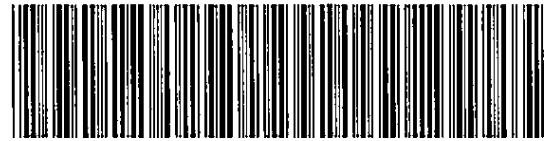
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Victory Fellowship Church Inc.
Name of Corporation

DOCUMENT NUMBER: 209000002135

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:

Dr. David Murphy
Name of Contact Person

Victory Fellowship Church Inc.
Firm/Company

3208 Pomeroy Dr. #405
Address

Wellington, FL 33414
City/State and Zip Code

pastordmurfy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. David Murphy at (520) 814-8679
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

**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: Victory Fellowship Church, Inc.
2. The principal office address: 400 Jackson Ave.
Greenacres, FL 33460
3. The mailing address (if different): 3208 Pomerol Dr. #405
Wellington, FL 33414
4. Date of incorporation/qualification: 2/25/09 Document number: 10900002135
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)

Munnial, Henry
6216 Lansdowne Circle
Boynton Beach, FL 33472

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

Dr. David Murphy
3208 Pomerol Drive #405
Wellington, FL 33414

P.O. Box NOT acceptable

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.

David Murphy
Signature of an officer or director

David Murphy
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.

David Murphy
Signature of Registered Agent

4/23/19
Date

If signing on behalf of an entity:

David Murphy
Typed or Printed Name

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

2019 APR 30 PM 12:29