

N09000003823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

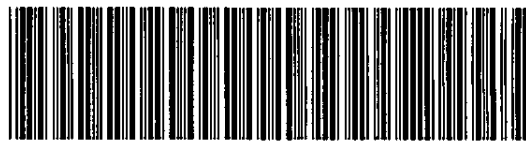
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100259096711

04/24/14--01018--025 \*\*35.00

FILED  
SECRETARY OF STATE  
14 APR 24 PM 2 05

RA/change  
(10) 5.1.14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lamad Bible Institute, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N09000003823

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:

Yvette Wilder

Name of Contact Person

Lamad Bible Institute, Inc.

Firm/Company

4992 N. Citation Dr, #101

Address

Delray Beach, FL 33445

City/State and Zip Code

lamadcollege@gmail.com

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

For further information concerning this matter, please call:

Yvette Wilder

Name of Contact Person

at 561 670-0224

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: Lamad Bible Institute, Inc.
2. The principal office address: 4992 N Citation Dr., #101 Delray Beach, FL 33445
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/20/2009 Document number: N09000003823

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)

Yvette Wilder

1000 NW 17th Avenue

Delray Beach, FL 33445

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

Yvette Wilder

770 S. Military Trail, Suite J

P.O. Box NOT acceptable

West Palm Beach, 33415


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

Yvette Wilder  
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

4/14/14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FILED  
STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 24 PM 2 06