

NO90000003920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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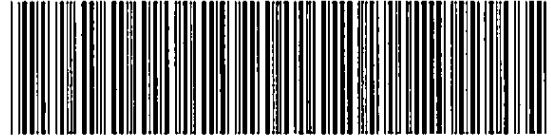
(Business Entity Name)

(Document Number)

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JANUARY 12, 2024

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JAN 12 2024

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Christian Family Church Sarasota, Inc
Name of Corporation

DOCUMENT NUMBER: N09000003920

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:

Kathrine McGregor
Name of Contact Person

Christian Family Church Sarasota, Inc
Firm/Company

7990 Bee Ridge Road
Address

Sarasota, FL 34241
City/State and Zip Code

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

For further information concerning this matter, please call:

Kathrine McGregor at (941) 448-0029
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 DEC 11 AM 11:43
SECRET
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

**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: Christian Family Church Sarasota, Inc.
2. The principal office address: 7990 Bee Ridge Road, Sarasota
FL, 34241
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/09/2009 Document number: N09000003920
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)

Warren McGregor (Resigned)

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

Kathrine McGregor
7990 Bee Ridge Road
P.O. Box NOT acceptable
Sarasota, FL, 34241

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.

Francis Cryan
Signature of an officer or director

Francis Cryan, Treasurer
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.

Kathrine McGregor
Signature of Registered Agent

11/16/2023
Date

If signing on behalf of an entity:

Kathrine McGregor
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
CR2E045 (04/13)