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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: EC-Lise EVANG-elique de la promesse de Jesus Christ d'onbudo inc |
| DOCUMENT NUMBER: NO90000 9192 |
| 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: |
| ESIVEL ALINDOR Name of Contact Person |
| |
| Firm/Company |
| 6432 Boylton WAY Address |
| Delando Florida 32818 City/State and Zip Code JRMSCheristin 9 Yohoo. Com. E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ESNF1 ALindoR at 407 452-9523 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

TO:

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 1071do |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| I. The name of the corporation: Eglise Eyargelique de la Promesse de Jesus-christ |
| 2. The principal office address: 2150 Brengle Avenue |
| DRIando Florida 32808 |
| 3. The mailing address (if different): 6432 Boy LSton Way |
| Delando Florida 32818 |
| 4. Date of incorporation/qualification: <u>07-21-2009</u> Document number: <u>N0900 5007192</u> |
| 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) |
| Alverseau Francois |
| 5301 YAUPON St. |
| ORbando Florida 32811 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| ESNEL Alindor |
| 5 90 |
| 6432 Boylston Way Opland FL-32818 F 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. |
| authorized by the board, or the corporation has been notified in writing of the change. |
| HILOSCIA THEOUS HILERCIE HLCIUS 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: |
| ESNEL PLINAOR Typed or Printed Name |

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