

NO9000008808

(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



700161826477

10/19/09--01023--011 **35.00

FILED

2009 OCT 19 A 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
News
10-20-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIFE MISSION FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: NO9000008808

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:

Name of Contact Person

William E. Ringelstein
Document Preparation Agency
1780 Deborah Dr., Unit 12
Punta Gorda, FL 33950

Address

City/State and Zip Code

SB_GK@HOTMAIL.COM

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

For further information concerning this matter, please call:

William Ringelstein at (941) 637-9979
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

William E. Ringelstein
Document Preparation Agency
1780 Deborah Dr., Unit 12
Punta Gorda, FL 33950
(941) 637-9979
e-mail: biljeanr@embarqmail.com

October 14, 2009

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed is the Statement of Change of Registered Agent for Life Missions Foundation, Inc. filed under document N09000008808 and payment check #119 in the amount of \$35.00.

Please mail the confirmation directly to me, I am acting on behalf of Life Mission Foundation.

Sincerely,



William Ringelstein
Document Preparation Agency

**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: LIFE MISSION FOUNDATION, INC.
2. The principal office address: 4630 PALM BEACH BLVD.
FT. MYERS, FL 33994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: SEPT. 8, 2009 Document number: NO9000008808
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)
JEFFERSON ROSA
12290 COUNTRY DAY CIRCLE
FT. MYERS, FL 33913

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

ELIEL GONCALVES

2803 10 ST. W.

P.O. Box NOT acceptable

LEHIGH ACRES FL 33971

FILED
2009 OCT 19 A 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

JUAN MONSALVES
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]
Signature of Registered Agent

ELIEL GONCALVES
Date

If signing on behalf of an entity:

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