

N 09000009403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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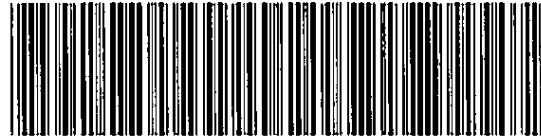
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

OCT 16 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Iglesia del Nazareno Jesus mi Fiel Amigo  
Name of Corporation

DOCUMENT NUMBER: NO9000009403

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:

Joel Pupo  
Name of Contact Person

Iglesia del Nazareno Jesus mi Fiel Amigo  
Firm/Company

11001 SW 184 ST  
Address

Miami FL 33157  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joel Pupo at (786) 339 0834  
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: Iglesia Del Nazareno Jesus Mi. El Amigo Inc.
2. The principal office address: 11001 Sw 184<sup>th</sup> St Miami, FL 33157
3. The mailing address (if different): 11133 Sw 168<sup>th</sup> terrace Miami, FL 33157
4. Date of incorporation/qualification: 09/25/2009 Document number: N09000009403
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)

Oscar A. Rivera

11001 Sw 184<sup>th</sup> St. Miami, FL 33157

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

Joel Pupo

11001 Sw 184<sup>th</sup> St. Miami, FL 33157

P.O. Box NOT acceptable

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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.

Ann W. Howell  
Signature of an officer or director

Ann W. Howell  
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

09-30-18  
Date

If signing on behalf of an entity:

Joel Pupo  
Typed or Printed Name

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