

NOV 15 2017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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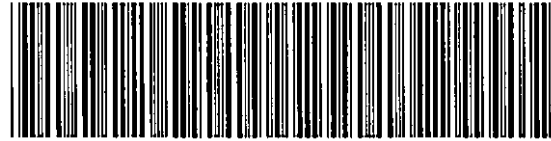
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Port Saint Lucie Gospel Assembly, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000010128

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:

Laura Lamothe
Name of Contact Person

Port Saint Lucie Gospel Assembly, Inc.
Firm/Company

5796 SE Collins Ave
Address

Stuart, FL 34997
City/State and Zip Code

Laura Lamothe 9346@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Lamothe at (772) 634-7742.
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: Port Saint Lucie Gospel Assembly, Inc
2. The principal office address: 1532 SE Village Green Dr. Suite H
Port Saint Lucie, FL 34952
3. The mailing address (if different): 5796 SE Collins Ave
Stuart, FL 34997
4. Date of incorporation/qualification: 10/19/2009 Document number: NO9000010128
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)

LOUISSAINT Lamothe /deceased.
5796 SE Collins Ave
Stuart, FL 34997

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

LAURA Lamothe
5796 SE Collins Ave
Stuart, FL 34997

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.

Marie R Lamothe
Signature of an officer or director

Marie R. Lamothe, Assistant Sec.
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.

Laura Lamothe
Signature of Registered Agent

11/7/17
Date

If signing on behalf of an entity:

Laura Lamothe
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

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