

N09000012129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

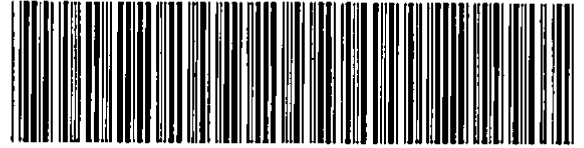
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800331131868

06/26/19 08:00:00 AM

SECURITY FILE
TALLAHASSEE, FL

2019 AUG 21 PM 2:27

FILED

AUG 21 2019
C. Kinser



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

VILIERE ALCIUS
117 W 10TH ST
APOPKA, FL 32703

SUBJECT: HOLY SPIRIT BAPTIST CHURCH, INC
Ref. Number: N09000012129

We have received your document for HOLY SPIRIT BAPTIST CHURCH, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The new registered agent Viliere Alcius signature is required for the registered agent signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 719A00013590

1
ES

2019 JUL 12 10:16:02

RECEIVED

www.sunbiz.org

**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: HOLY SPIRIT BAPTIST CHURCH, INC
2. The principal office address: 117 W. 10TH STREET, APOPKA, FL 32703
3. The mailing address (if different): 820 E ORANGE ST, APOPKA, FL 32703
4. Date of incorporation/qualification: 12/21/2009 Document number: N09000012129

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)

SAUERS, LOREN E

820 E ORANGE ST

APOPKA, FL 32703

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

ALCIUS, VILIERE

117 W. 10TH STREET

P.O. Box NOT acceptable

APOPKA, FL 32703

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 of an officer or director

Loren Sauers
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.

X 
Signature of Registered Agent

8/19/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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