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| (Re | questor's Name) | | |
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| (Ad | dress) | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Do | cument Number) | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

Division of Corporations Iglesia de Dios el Faro, Inc. N10000008932 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: Jose L Gonzalez Name of Contact Person Iglesia de Dios el Faro, Inc. 840 Deltona Blvd, Suite D Address Deltona, FL 32728 City/State and Zip Code Teso iddef@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 536-0836 ca Code & Daytime Telephone Number Jose L Gonzalez Name of Contact Person

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:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 1. The name of the corporation: Iglesia de Dios el 2. The principal office address: 840 Deltona Blvd., 3. The mailing address (if different): PO BOX 6275, 4. Date of incorporation/qualification: 02/26/2019 5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned Tellado, Julio 530 Cranes Way, Apt 201 Altamonte Springs, FL 3270: 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a Deltona, FL 32725 | Suite D, Deltona, FL 32728 Deltona, FL 32728 | 08932 |
|---|--|---------------|
| 2. The principal office address: 840 Deltona Blvd., 3. The mailing address (if different): PO BOX 6275, 4. Date of incorporation/qualification: 02/26/2019 5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned Tellado, Julio 530 Cranes Way, Apt 201 Altamonte Springs, FL 3270 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | Suite D, Deltona, FL 32728 Deltona, FL 32728 | 08932 e |
| 4. Date of incorporation/qualification: 5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned Tellado, Julio 530 Cranes Way, Apt 201 Altamonte Springs, FL 32707 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | Document number: N1000000 cent and registered office on file with the | e ZVV |
| 4. Date of incorporation/qualification: 5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned Tellado, Julio 530 Cranes Way, Apt 201 Altamonte Springs, FL 32707 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | Document number: N1000000 cent and registered office on file with the | e ZVV |
| 5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned Tellado, Julio 530 Cranes Way, Apt 201 Altamonte Springs, FL 3270 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | ent and registered office on file with th | e ZVV |
| 5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned Tellado, Julio 530 Cranes Way, Apt 201 Altamonte Springs, FL 3270 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | 1 | 23.02 |
| 530 Cranes Way, Apt 201 Altamonte Springs, FL 3270 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | | |
| Altamonte Springs, FL 3270° 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | | |
| 6. The name and street address of the new registered agent (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | | |
| (if changed): Gomez, Esmeralda 2122 Van Orman Dr P.O. Box NOT a | (if changed) and /or registered office | 2 |
| 2122 Van Orman Dr P.O. Box NOT a | | - |
| P.O. Box NOT a | | [][2:1.7 |
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| | cceptable | |
| The street address of its registered office and the street a as changed will be identical. | ddress of the business office of its regi | stered agent, |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not | by its board of directors or by an office fied in writing of the change. | er so |
| Signature of an officer or director | Jose L Gonzalez, PD | |
| I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status performance of my duties, and I am familiar with and ac agent. Or, if this document is being filed merely to reflec hereby confirm that the corporation has been notified in | ceni ine oniivaiion oi mv nosiiion as r | eorrera |
| Exalle La | 09/13/2019 | |
| Signature of Registered Agent | Date | -11 |

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

MAKE CHECKS PAYARLE TO FLORIDA DEPARTMENT OF STATE

Typed or Printed Name