

N110000001297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

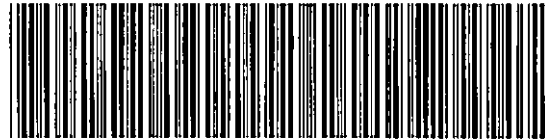
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200325583042

03/06/19--01023--010 **35.00

FILED
2019 MAR -5 AM 8:52

RA/RU/CHG

MAR 15 2019

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Church of the Holy Light, Inc.

Name of Corporation

DOCUMENT NUMBER: N11000001297

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:

MIKE LUTTS

Name of Contact Person

Firm/Company

11117 HIGHWAY

Address

PENSACOLA, FL 32507

City/State and Zip Code

MLUMCANES@GMAIL.COM

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

For further information concerning this matter, please call:

MIKE LUTTS

Name of Contact Person

at (**850**) **450-7573**

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: CHURCH OF THE HOLY LIGHT, INC
2. The principal office address: 11117 LILLIAN HWY, PENSACOLA, FL 32506
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 2/5/2019 Document number: N11000001297

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)

JOHN R SPERRY

11115 LILLIAN HWY

PENSACOLA

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

MIKE R LUTTS

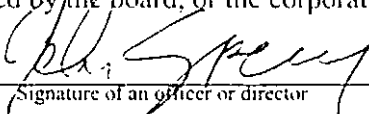
11117 LILLIAN HWY

P.O. Box NOT acceptable

PENSACOLA, FL 32506

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

JOHN SPERRY, PRES

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 of Registered Agent

3/4/19

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