

N11 000007635

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Chaplains State of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000007635

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:

Reverend Dr. Jose Torres

Name of Contact Person

United Chaplains State of New York, Inc.

Firm/Company

753 East 151st Street, Area B

Address

Bronx, New York 10455

City/State and Zip Code

unitedchaplains@gmail.com

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

For further information concerning this matter, please call:

Mark J. Weinstein, Esq.

Name of Contact Person

at (914) 400-9993

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: United Chaplains State of Florida, Inc.
2. The principal office address: 6302 Palm River Rd., Tampa, Florida 33619
3. The mailing address (if different): 753 East 151st Street, Area B, Bronx, New York 10455
4. Date of incorporation/qualification: August 11, 2011 Document number: N11000007635
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)

Resigned

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

Minivette Valentin

7888 Country Chase Avenue

P.O. Box NOT acceptable

Lakeland, Florida 33810

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.

Reverend Dr. Jose Torres
Signature of an officer or director

Reverend Dr. Jose Torres

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.

Minivette Valentin
Signature of Registered Agent

Date

If signing on behalf of an entity:

Minivette Valentin
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
CR2E045 (03/12)

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TALLAHASSEE, FLORIDA

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