

N11 0000008657

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(Address)

(Address)

(City/State/Zip/Phone #)

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R. WHITE
APR 14 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Life Miracle Church
Name of Corporation

DOCUMENT NUMBER: N11000008657

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:

Donald Battles

Name of Contact Person

New Life Miracle Church

Firm/Company

9850-3 San Jose Blvd

Address

Jacksonville, FL 32257

City/State and Zip Code

dkbattles@bellsouth.net

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

For further information concerning this matter, please call:

Donald Battles

Name of Contact Person

at (904) 534-4118

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: New Life Miracle Church
2. The principal office address: 9850-3 San Jose Blvd Jacksonville, FL 32257
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/12/2011 Document number: N11000008657
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)

Bryan Moss (Resigned)

7595 Baymeadows Circle West Apt# 2415

Jacksonville, FL 32256

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

Rose Perez (New Trustee)

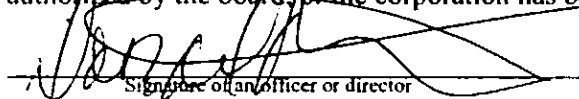
11001 Old St. Augustine Rd Apt# 220

P.O. Box NOT acceptable

Jacksonville, FL 32257

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

Donald Battles PD

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

March 15 2020
Date

If signing on behalf of an entity:

ROSE M. PEREZ
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 (04/13)