

N1200000 5639

(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



900265499819

10/22/14--01009--003 \*\*35.00

FILED  
14 OCT 22 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ra Chang

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PORTUGUESE HOLY GHOST OF PALM BEACH INC  
Name of Corporation

**DOCUMENT NUMBER:** N12000005639

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:

MARIA TEIXEIRA  
Name of Contact Person

PORTUGUESE HOLY GHOST OF PALM BEACH INC  
Firm/Company

107 SADDLE TRAIL  
Address

ROYAL PALM BEACH FL 33411  
City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA TEIXEIRA at ( 617 ) 763-6224  
Name of Contact Person 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

FILED  
14 OCT 22 PM 1:15  
TALLAHASSEE, FL  
SECRETARY OF STATE

**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: PORTUGUESE HOLY GHOST OF PALM BEACH INC
2. The principal office address: 107 SADDLE TRAIL  
ROYAL PALM BEACH FL 33411
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 06/05/2012 Document number: N12000005639
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):

MARIA TEIXEIRA  
107 SADDLE TRAIL  
ROYAL PALM BEACH FL 33411

P.O. Box NOT acceptable

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.

Ligia Amaral  
Signature of an officer or director

L.A. LIGIA AMARAL president  
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.*

Maria Teixeira  
Signature of Registered Agent

10-16-2014  
Date

If signing on behalf of an entity:

MARIA TEIXEIRA  
Typed or Printed Name

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