

N13 000 000 926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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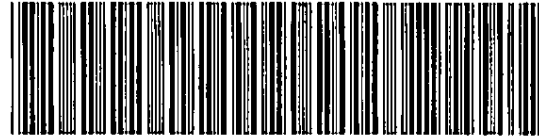
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2020 FEB 24 AM 7:27

CM
3/11/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Merci Outreach Ministries, Inc.
Name of Corporation

DOCUMENT NUMBER: N13000000926

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:

Linda Lassiter

Name of Contact Person

Merci Outreach Ministries, Inc.

Firm/Company

104 E Fowler Ave #204

Address

Tampa, FL 33612

City/State and Zip Code

lassiterlinda1@yahoo.com
E-mail address: (to be used for future annual report notification)
lassiter

For further information concerning this matter, please call:

Linda Lassiter

Name of Contact Person

at (813) 380 0071

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Merci Outreach Ministries, INC.
2. The principal office address: 104 E. Fowler Ave #204
Tampa, FL 33612
3. The mailing address (if different): ELIORA White 6401 Markstown DR #B Tampa FL 3361
4. Date of incorporation/qualification: 1/28/2013 Document number: 113000000926
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)

Sonya Long

~~104 E Fowler Ave #204~~ ~~6401 Markstown Dr #B~~
~~Tampa, FL 33612~~ ~~33617~~

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

ELIORA White

6401 Markstown Dr #B

P.O. Box NOT acceptable

Tampa, FL 33617

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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]
Signature of an officer or director

Linda Lassiter
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.

ELIORA White
Signature of Registered Agent

2/17/2020
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
CR2E045 (04/13)