

N13000002918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RMEN

12/13/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WORLD EMBASSY INTERNATIONAL CHRISTIAN CENTER
Name of Corporation

DOCUMENT NUMBER: N13000002918

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:

LESLIE ANDRAE GOLLIDAY
Name of Contact Person

Firm/Company

980 LINGERIDGE RUN #203
Address

ALTAMONTE SPRINGS, FL. 32714
City/State and Zip Code

APUA@GOLLODAYEYAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLIE ANDRE GOLLIOAY at (269) 325-7816
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

**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: WORLD EMBASSY INTERNATIONAL CHRISTIAN CENTER
2. The principal office address: 980 VINEYRIDGE RUN # 203
ALTAMONTE SPRINGS, FL 32714
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 9/16/1999 Document number: 11300000 2918

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)

IN CORP SERVICE INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

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

LESLIE ANDRE GOLLIDAY
980 VINEYRIDGE RUN # 203
ALTAMONTE SPRINGS, FL 32714

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.

[Signature]
Signature of an officer or director

LESLIE ANDRE GOLLIDAY (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.

[Signature]
Signature of Registered Agent

12/01/2013
Date

If signing on behalf of an entity:

LESLIE ANDRE GOLLIDAY
Typed or Printed Name

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