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(((H21000280524 3)))



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From:

Account Name

: TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone

: (954)525-7500

Fax Number

: (954)761-8475

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mmm@trippscott.com

REGISTERED AGENT CHANGE CHRIST FAMILY CHURCH, INC.

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July 23, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

CHRIST FAMILY CHURCH, INC. 4100 OKEECHOBEE ROAD SUITE B FORT PIERCE, FL 34947

SUBJECT: CHRIST FAMILY CHURCH, INC.

REF: N13000005983

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Stacy Prather FAX Aud. #: H21000280524 Regulatory Specialist III Letter Number: 221A00017131

H21000280524

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, inge is submitted for a corporation organized under the laws of the State of Florida	this	
	r to change its registered office or registered agent, or both, in the State of Florida.		
I. The name of t	the corporation: CHRIST FAMILY CHURCH, INC.		
2. The principal	office address: 2810 S US Hwy 1, Fort Pierce, FL 34982		
	address (if different):		_
4. Date of incorp	poration/qualification: 06/28/2013 Document number: N13000005983		_
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)		
	DONNELYN KHOURIE	Σ_{i}	207
	2810 S US Hwy I	TALLAHASSI	2021 JUL 26
	Fort Pierce, FL 34982	60 kg	53
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		E FL	Art 8:
	TANYA L. BOWER, ESQ.	18 <u></u>	22
	c/o Tripp Scott, P A., 110 SE 6th Street, 15th Floor		
	P.O. Gox NOT ecceptable Fort Lauderdale, FL 33301		
The street addre	ess of its registered office and the street address of the business office of its registe be identical.	arcd agent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change.	so	
Gerard,	•		
_	the appointment as registered agent and agree to act in this capacity.		
further agree in finy duties, and document is being conjugation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statules relative to the proper and complete po d I am familiar with and accept the obligation of my position as registered agent, ng filed merely to reflect a change in the registered office address, I hereby confi been notified in writing of this change.	erformance Or, if this om that the	?
lling	Millire of Registered Agent 7/22/21		
f signing on bel	half of an entity:		
1)	rped or Printed Name		
	* * * FILING REE. *24 00 * * *		

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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