

714000000720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

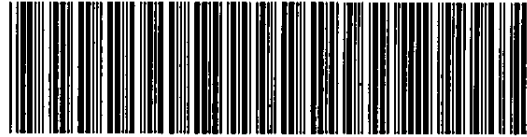
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/14--01010--006 **35.00

14 JUL -3 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

5102 6 0 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL NATIONS ONE GOSPEL CHURCH, INC.

Name of Corporation

DOCUMENT NUMBER: N14000000720

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:

ELIZABETH REYNOSO

Name of Contact Person

ALL NATIONS ONE GOSPEL CHURCH, INC.

Firm/Company

6500 PINES BLVD

Address

PEMBROKE PINES FL 33024

City/State and Zip Code

angcsocial@gmail.com

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

For further information concerning this matter, please call:

ELIZABETH REYNOSO

Name of Contact Person

at (**954**) **654-6134**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2014

ELIZABETH REYNOSO
6500 PINES BLVD
PEMBROKE PINES, FL 33024

SUBJECT: ALL NATIONS ONE GOSPEL CHURCH, INC.
Ref. Number: N14000000720

We have received your document for ALL NATIONS ONE GOSPEL CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Elizabeth Reynoso sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 814A00013437

RECEIVED
14 JUL -3 AM 10:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: ALL NATIONS ONE GOSPEL CHURCH, INC.
2. The principal office address: 6500 PINES BLVD.
PEMBROKE PINES FL 33024
3. The mailing address (if different): 4610 SW 43 TERRACE
FORT LAUDERDALE, FL 33314
4. Date of incorporation/qualification: 01/22/2014 Document number: N14000000720
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)

EDWIN O. BROWN (RESIGNED)

6500 PINES BLVD.

PEMBROKE PINES FL 33024

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

ELIZABETH REYNOSO

6500 PINES BLVD.

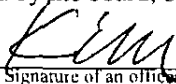
P.O. Box NOT acceptable

PEMBROKE PINES FL 33024

APPROVED
AND
FILED
14 JUL - 3 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

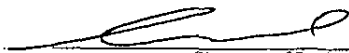


Signature of an officer or director

YONG H. KIM, VP

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

05/28/2014

Date

If signing on behalf of an entity:

ELIZABETH REYNOSO

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 (03/12)