

N14000001291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

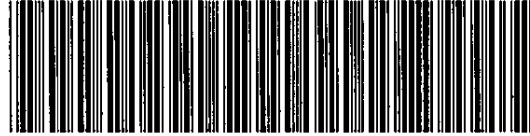
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 17 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Island Missions Support, Inc.
Name of Corporation

DOCUMENT NUMBER: N1400000/291

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:

Lori Noel Williams

Name of Contact Person

Accurate Noel

Firm/Company

1099 Henry Balch Dr.

Address

Orlando, FL 32810

City/State and Zip Code

lparaalegalrealtor@gmail.com

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

For further information concerning this matter, please call:

Lori Noel Williams

Name of Contact Person

at (407) 599-0088

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: Island Missions Support, Inc.
2. The principal office address: 411 Walnut Street #11308
Green Cove Springs, FL 32043-3443
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/7/2014 Document number: N14000001291
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)

~~NEIGHBOR~~ Eric W. Lamoray
531 N. Palmetto Ave
Sanford FL 32771

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

Lori Noel Williams
1099 Henry Batch Dr.
P.O. Box NOT acceptable
Orlando, FL 32810

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.

Mary E. Lamoray Mary E. Lamoray Secretary/Treasurer
Signature of an officer or director 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.

Lori Noel Williams 5/5/16
Signature of Registered Agent Date

If signing on behalf of an entity:

Lori Noel Williams
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)

2016 MAY 16 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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