

NI5000002510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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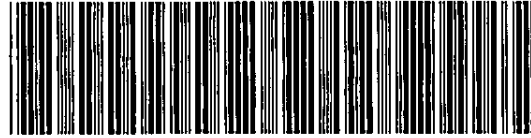
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R A / R O / C H S

JAN 12 2015
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Walk of Faith by the Holy Spirit Ministry Inc.
Name of Corporation

DOCUMENT NUMBER: N15000002510

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:

Mercida Demps
Name of Contact Person

Walk of Faith By the Holy spirit Ministry Inc.
Firm/Company

P.O. Box : 222151
Address

Hollywood Florida 33022
City/State and Zip Code

mercidademps@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercida Demps at (954) 687-4612
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: Walk of Faith By the Holy Spirit Ministry Inc.
2. The principal office address: 4468 SW 64 Ave Davie Florida 33314
Address Change to P.O. Box 222151 Hollywood FLA.
3. The mailing address (if different): P.O. Box 222151 Hollywood Florida
33022
4. Date of incorporation/qualification: 03/10/2015 Document number: N15000002510
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)

Business Filings Incorporated
1200 South Pine Island Road
Plantation Florida 33324

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

Mercida Demps
1911 Roosevelt St Apt 4
P.O. Box NOT acceptable
Hollywood Florida 33020

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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.

Cateshia Demps
Signature of an officer or director

Cateshia Demps-Secretary
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.

Mercida Demps
Signature of Registered Agent

December 15, 2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE