## NIS 000007120

(Re	questor's Name)	
(Ād	dress)	
	<del></del>	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
<u></u>		<del></del>
Special Instructions to	Filing Officer:	AU. 197
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

NABIT CALEBAIA CHUBAU OF CAD	DIC.	
SUBJECT: PORT SALERNO CHURCH OF GOD, Name of Corporation	INC	
DOCUMENT NUMBER: N15000007120		
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:	
DIANA RAYSOR		
Name of Contact Person	<del></del>	
PORT SALERNO CHURCH OF GOD		
Firm/Company		
4605 SE COVE ROAD		
Address	<del></del> -	
STUART, FL 34997		
City/State and Zip Code	<del></del>	
INFO@PORTSALERNOCO	G,COM	
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	please call:	
DIANA RAYSOR	7722408943	
Name of Contact Person	at (7722408943 ) Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 cheek made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of change i	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of FLORIDA change its registered office or registered agent, or both, in the State of Florida.
1. The name of the co	orporation: PORT SALRNO CHURCH OF GOD, INC.
2. The principal offic	e address: 4605 SE_COVE ROAD, STUART, FLORIDA 34997
3. The mailing addre	ss (if different):
4. Date of incorporat	ion/qualification: 07/15/2015 Document number: N15000007120
5. The name and stre	et address of the current registered agent and registered office on file with the nt of State: (If resigned, enter resigned)
RE	V. GLENFORD E. HUTCHINSON
460	5 SE COVE ROAD
ST	JART, FLORIDA 34997
6. The name and stro (if changed):	eet address of the new registered agent (if changed) and /or registered office
BIS	HOP UMAH MILLER
460	P.O. Box NOT acceptable
	P.O. Box NOT acceptable
<u>511</u>	DART, FLORIDA 34997
The street address of as changed will be in	### P.O. Box NOT acceptable  UART, FLORIDA 34997  If its registered office and the street address of the business office of its registered agent, To dentical.
Such change was at authorized by the be	ithorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.
Signature of	ALFRED E. PATTON - HEAD TRUSTEE  An officer of director  Printed or typed name and little
I further agree to co of my duties, and I document is being f corporation has be	appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this illed merely to reflect a change in the registered office address, I hereby confirm that the en notified in writing of this change.
Signatur	e of Registered Agent July 12, 2024
If signing on behalf	f of an entity:
BISHOP UMAH MI	or Printed Name

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