

N15000009510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

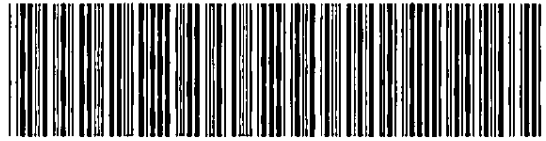
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
2024 JUL 23 AM 9:01

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RA Change

AUG 13 2024

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IN GOD'S DIVINE LIGHT HEALING AND METAPHYSICAL CENTER, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Lynn Rigby
Name of Contact Person
IN GOD'S DIVINE LIGHT HEALING AND METAPHYSICAL CEN
Firm/Company
1401 Pinyon Pine Drive
Address
Sarasota, FL 34240
City/State and Zip Code

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

For further information concerning this matter, please call:

Lynn Rigby at (941) 586-2966
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

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**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: IN GOD'S DIVINE LIGHT HEALING AND METAPHYSICAL CENTER, INC.
2. The principal office address: 3765 Amesbury Lane. Sarasota FL 34232
3. The mailing address (if different): 1401 Pinyon Pine Drive, Sarasota FL 34240
4. Date of incorporation/qualification: September 1, 2015 Document number: NI5000009510
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)

Resigned

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

Reverend Mary Linn Clarke

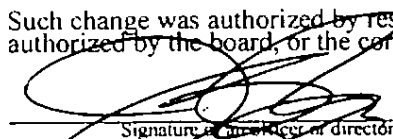
2020 Chartley Court

P.O. Box NOT acceptable

Sarasota, FL 34232

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

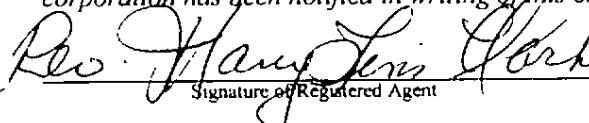
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of President or director

Reverend James Poe, Vice President

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

July 15, 2024

Date

If signing on behalf of an entity:

Reverend Mary Linn Clarke

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 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 23 AM 9:01

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