## N15000010647

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Faith Tourneys, Inc.  Name of Corporation		
DOCUMENT NUMBER: 47-5480243 /N15000010647		
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:		
Name of Contact Person  Faith Journeys  Firm/Company  12989 Upper Harden Ave  Address  Collando FL 32827  City/State and Zip Code  info Q faith-journeys, org  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:    Susan Dixon at (407) 883-4797     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

TO:

Amendment Section

## 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: + aith Journeys, Inc.
2. The principal office address: 12989 Upper Harden Ave
Ovlando, FL 32827
3. The mailing address (if different):
4. Date of incorporation/qualification: 11   3   15 Document number: 47-548-0343
4. Date of incorporation/qualification: 11 315 Document number: 47-548-0343
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)
Susan Dixon
2613 Rangeley Ct PS 5
Oxlando, FL 32835
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lovi Cabrera Pri R
12989 Upper Anden Are P.O. Box NOT acceptable
cvlando, FL 32827
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.
Susun Dixon, President
I hereby accept the appointment as registered agent and agree to act in this capacity.  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.
A Cabrera 8 5 16 Signature of Registered Agent Date
If signing on behalf of an entity:
Lori Cabrera
Typed or Printed Name

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