

**N16000000625**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATION  
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JUN 28 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Fellowship Treasure Coast Inc.

Name of Corporation

**DOCUMENT NUMBER:** N16000000625

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:

Daniel Borgia

Name of Contact Person

Firm/Company

1901 SE Carvalho Street

Address

Port Saint Lucie FL, 34983

City/State and Zip Code

fellowship@fellowshiptc.org

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

For further information concerning this matter, please call:

Daniel Borgia

Name of Contact Person

at ( 772 ) 267-3161

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: The Fellowship Treasure Coast Inc.
2. The principal office address: 242 NE Floresta Drive Port Saint Lucie FL 34983
3. The mailing address (if different): 1901 SE Carvalho Street Port Saint Lucie FL 34983
4. Date of incorporation/qualification: January 19, 2016 Document number: N16000000625
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)

Daniel Borgia

1532 SE Royal Green Circle Port Saint Lucie FL 34952

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

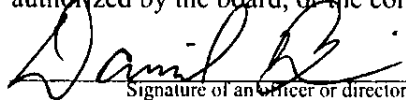
Daniel Borgia

1901 SE Carvalho Street Port Saint Lucie FL 34983

P.O. Box NOT acceptable

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

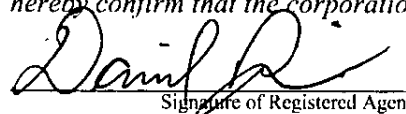
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Daniel Borgia Treasurer

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

6/16/2016

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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