

716000001272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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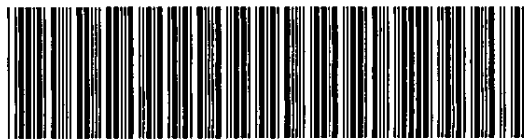
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 24 P 3 13

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T. LEMIEUX

APR 26 2017

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Gathering A Book of Acts Ministry
Name of Corporation

DOCUMENT NUMBER: DTN 2806442

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:

Carmine Tufano
Name of Contact Person

The Gathering A Book of Act Ministry
Firm/Company

10417 SW 53 Street
Address

Cooper City FL 33328
City/State and Zip Code

FightNight456@Aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmine Tufano at (854) 798-7350
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2017

CARMINE TUFANO
10417 SW 53 ST
COOPER CITY, FL 33328

SUBJECT: THE GATHERING BOOK OF ACTS MINISTRY INCORPORATED
Ref. Number: N16000001272

We have received your document for THE GATHERING BOOK OF ACTS MINISTRY INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 017A00006231

RECEIVED
17 APR 24 PM 3:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Gathering Book of Act Ministry Incorporated
2. The principal office address: 10417 SW 53 Street Cooper City FL 33328

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/13/15 Document number: 116000001372

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)

Carmine Tufano
THE GATHERING BOOK OF ACTS MINISTRY
2732 monteVideo AVE
Cooper City FL 33026

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

Carmine Tufano
The Gathering Book of Acts Ministry INC
10417 SW 53 St Cooper City FL 33328
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.

Carmine Tufano
Signature of an officer or director

Carmine Tufano
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.

Carmine Tufano
Signature of Registered Agent

3-10-17
Date

If signing on behalf of an entity:

Carmine Tufano
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 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

APR 24 P 3:13

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