

716000001349

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2016
J. J. JENKINS
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunrise Christian Center

Name of Corporation

DOCUMENT NUMBER: N16000001349

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:

Hector Ostolaza (President)

Name of Contact Person

Sunrise Christian Center

Firm/Company

1951 S John Young Pkwy

Address

Kissimmee FL 34741

City/State and Zip Code

scc1745@gmail.com

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

For further information concerning this matter, please call:

Hector Ostolaza- President at (321) 261-9398

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

**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: Sunrise Christian Center
2. The principal office address: 1951 S John Young Pkwy
Kissimmee, FL 34741
3. The mailing address (if different): PO Box 581745
Kissimmee, FL 34758-0022
4. Date of incorporation/qualification: 02/09/2016 Document number: N16000001349
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)
Evagisela Rodriguez (Resigned)
Daniel Zambrana (Resigned)
1951 S John Young Pkwy Kiss. FL 34741
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Hector Ostolaza

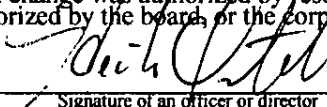
1951 S John Young Pkwy

P.O. Box NOT acceptable

Kissimmee, FL 34741

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

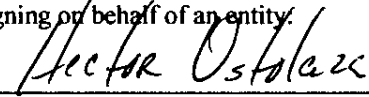

Printed or typed name and title

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

4/18/16
Date

If signing on behalf of an entity:


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)