

N16000003748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

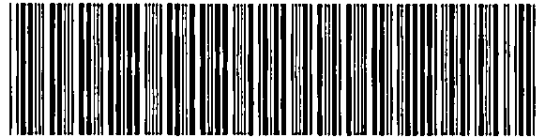
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000306393550

12/11/17--01019--019 \*\*35.00

2017 DEC 11 AM 10:41

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOVINGKINDNESS BIBLE FELLOWSHIP, INC  
Name of Corporation

**DOCUMENT NUMBER:** N16000003748

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:

JAMES CHESTNUT

Name of Contact Person

JAMES CHESTNUT & ASSOCIATES INC

Firm/Company

15334 TEAL PARK DR

Address

HUMBLE, TX 77396

City/State and Zip Code

roberthudson1@att.net

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

For further information concerning this matter, please call:

JAMES CHESTNUT

Name of Contact Person

at ( 281 ) 441-4431

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

DEC 11 AM 10:43

**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: LOVINGKINDNESS BIBLE FELLOWSHIP, INC
2. The principal office address: 10892 NATALIE ASH DR, JACKSONVILLE, FL 32218
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/30/2016 Document number: N16000003748
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)

ROBERT HUDSON

11368 SECRETARIAT LN W

JACKSONVILLE, FL 32218

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

ROBERT HUDSON

10892 NATALIE ASH DR

P.O. Box NOT acceptable

JACKSONVILLE, FL 32218

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.

Robert L. Hudson

Signature of an officer or director

ROBERT HUDSON, 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.*

Robert L. Hudson

Signature of Registered Agent

12/5/2017

Date

If signing on behalf of an entity:

ROBERT HUDSON, PRESIDENT

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)

2017 DEC 11 AM 10:43