

N16000003847

(Requestor's Name)

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SECRETARY OF STATE
TREASURY DIVISION

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assembleia de Deus Kemuel, Inc
Name of Corporation

DOCUMENT NUMBER: N16000003847

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:

Shirley Rosa

Name of Contact Person

Assembleia de Deus Kemuel, Inc

Firm/Company

1164 Saint Francis Place

Address

Apopka FL 32712

City/State and Zip Code

shirleykarenrosa@hotmail.com

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

For further information concerning this matter, please call:

Shirley Rosa

Name of Contact Person

at (407) 2564686

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: ASSEMBLEIA DE DEUS KEMUEL, INC.
2. The principal office address: 1164 SAINT FRANCIS PLACE APOPKA, FL 32712

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/13/2016 Document number: N16000003847

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)

UNITED STATES CORPORATION AGENTS, Inc

13302 WINDING OAKS BLVD.SUITE A TAMPA, FL 33612

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

Shirley Karen Rosa

1164 SAINT FRANCIS PLACE APOPKA, FL 32712

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.

Angelo Rosa
Signature of an officer or director

Angelo Rosa, 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.

Shirley Rosa
Signature of Registered Agent

04/16/2018

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)