N16000005382

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATES
DIVISION OF CORPORATION
2017 APR -6 PM 4: 9

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MACANATHA United GLOBAL MINISTEE INC. Name of Corporation
DOCUMENT NUMBER: N 16 00 0 0 0 5 3 8 2
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:
Nome of Contact Person
Firm/Company
• ,
1353 NW 155 LAWE
Pembroke Pines FL 33028 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 205 - 4661 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 Street Address: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pirsuant 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: Marauntha United Global Ministries In	C
2. The principal office address: 1353 NW 155 th LANE Down to be a Public El 22028	
Pembroke PINES, FL 33028	
3. The mailing address (if different): 1353 NW 155 The LANE	
Pembroke Pines, FL 33018	
4. Date of incorporation/qualification: 5 26 20 16 Document number: W16 00005382	
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)	
Thomas Culcine	
9559 Eden MANOR	
Parklano FL 33076	
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): REV. NINAN C. Abraham	
1353 NW 155 LANE PO Box NOT socertable PO CONTROL P	
Pembroke Pines FL 33028	
The street address of its registered office and the street address of the business office of its registered again, 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.	
Segmenter of an officer of director Printed or types dame 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.	
3/30/17	
Signature of Registered Agent 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)