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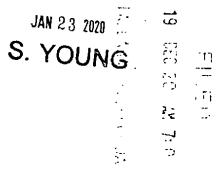
(Requestor's Name)				
(Address)				
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(Document Number)				
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ Name	ECT: New Path Community Church, Inc. of Corporation				
DOC	JMENT NUMBER:	<u></u>			
The er	nclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this ma	atter to the following:			
Shann	on Walker				
	of Contact Person Path Community Church				
	Company 56, 5447 Haines Road				
Addre Saint I	ss Petersburg, FL 33714				
City/S	tate and Zip Code newpathec2016@gmail.com				
E-ma	l address: (to be used for future annual re	eport notification)			
For fu	rther information concerning this matter, plea	ase call:			
Shann	on Walker	at (727) 415-2999 Area Code & Daytime Telephone Number			
	Name of Contact Person	Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the De	epartment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orgo r to change its registered office or regis	unized under the laws of the	State of Florida
	New Path Community (•••	·
 The name of the control of the principal of the principal of the control of the con	4682 40th Avenue North	Saint Petersburg, FL 33714	
3. The mailing ac	ddress (if different): Box 456, 5447 Hai	nes Road North, Saint Peters	burg, FL 33714
	oration/qualification:	Document number:	7. LX 11 H H H L 74 7-7
	street address of the current registered tment of State: (If resigned, enter resign		on file with the
	Donna Bradshaw		
	8194 83rd Avenue North		
	Seminole, FL33777		
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or reg	istered office
	Shannon Walker		
	10698 Lake Seminole Terrace		76
	P.O. B Seminole, Fl. 33772	Box NOT acceptable	
The street addre as changed will	ss of its registered office and the stree be identical.	et address of the business of	ffice of its registered agent.
Such change wa authorized by th	is authorized by resolution duly adopt to board, or the corporation has been r	ed by its board of directors notified in writing of the ch	or by an officer so lange.
I intiam	8- (Posas40	William F Losasso	
Ū	e of an officer or director	Printed or types	
l further agrée t of my duties, and document is beir	the appointment as registered agent of comply with the provisions of all stop of all stop of a subject the object of the first of the configuration of the province of the configuration of this change in the configuration of this change in the configuration of this change in the configuration of the con	atutes relative to the prope bligation of mv position as the registered office addre	acity, rand complete performance registered agent. Or, if this ss, I hereby confirm that the
Shemi	m - Walla		19 te
If signing on bel	half of an entity:		
Ту	ped 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 (04/13)