NI6000008523

(Requestor's Name)				
(Address)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Efficty Name)				
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SUPPLIED OF CORPORATIONS STORE OF CORPORATIONS

DEC O 6 2016 C MCNAIR

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ.	Amendment Section Division of Corporations HOUSE OF INTERCESSION FOR ALL NATIONS INC ECT: Name of Corporation N16000008523 MENT NUMBER:
	Name of Corporation
DOCU	N16000008523
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	LIONEL O. COLE
	Name of Contact Person
	HOUSE OF INTERCESSION FOR ALL NATIONS INC
	Firm/Company
	4200 NW 23RD CT
	Address
	MIAMI, FL 33142
	City/State and Zip Code
	HOIFAN.ORG@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For fiv	ther information concerning this matter, please call:
	NA D. LEWIS 954 240-2219
GIAN	at (
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed 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

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of FLC registered agent, or both, in the State of Floric	ORIDA
1. The name of 2. The principal	the corporation:	CT, MIAMI, FL 33142	C
3. The mailing a	address (if different):		
4. Date of incom	poration/qualification:08/30/201	6 Document number: N16000008	3523
	d street address of the current register etment of State: (If resigned, enter re REGISTERED AGENTS INC	• ,	е
	3030 N ROCKY POINT DR,	SUITE 150A	
	TAMPA, FL 33607		ø
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	TE NOV 30
	LIONEL O. COLE		30
	4200 NW 23RD CT		AM 10: 02
	P.O. Bo	ox NOT acceptable	02
The street addre	ess of its registered office and the s	street address of the business office of its reg	istered agent,
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	opted by its board of directors or by an office en notified in writing of the change.	er so
/lamas	Opla,	NANCY COLE, VICE PRESIDE	ENT
	re of an officer or director	Printed or typed name and title	·····
i juriner agree i performance of	to comply with the provisions of all mv duties, and I am familiar with i	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as r o reflect a change in the registered office add fied in writing of this change.	egistered
Lion	Cle	NOVEMBER 28, 2016	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *