

n16000009506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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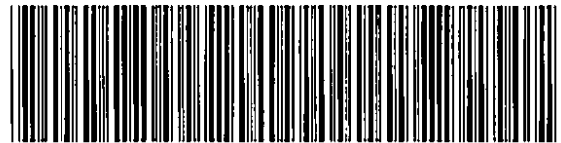
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AUG 29 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SAVING MERCY CORPORATION**
Name of Corporation

DOCUMENT NUMBER: **N16000009506**

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:

JASON HALSTEAD

Name of Contact Person

SAVING MERCY CORPORATION

Firm/Company

5 SE 17TH STREET

Address

OCALA, FL 34471

City/State and Zip Code

JASON@BKOCALA.ORG

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

For further information concerning this matter, please call:

JASON HALSTEAD

Name of Contact Person

at **352 229-0035**

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: SAVING MERCY CORPORATION

2. The principal office address: 3601 WEST SILVER SPRINGS BLVD., OCALA FL, 34475

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3. The mailing address (if different): 5 SE 17TH STREET, OCALA, FL 34471

4. Date of incorporation/qualification: 09/27/2016 Document number: N16000009506

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)

JASON HALSTEAD

2 SW FORT KING ST

Ocala, FL 34471

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

JASON HALSTEAD

3601 WEST SILVER SPRINGS BLVD.

P.O. Box NOT acceptable

Ocala, FL 34475

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.

Roddy Nichols
Signature of an officer or director

RODDY MICHELE, 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.

Signature of Registered Agent

08/03/2018

Date _____

If signing on behalf of an entity:

Typed or Printed Name _____

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)