N16000010502

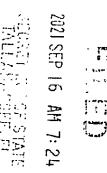
(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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A-Butter

COVER LETTER

TO:	Amendment Section	•
	Division of Corporations	
		* •
SUBJ	JECT: Honey Hill Congregation of Jehovah's Witne	esses, Carol City, Florida, Inc.
Name	e of Corporation	
DOC	CUMENT NUMBER: N16000010502	
	enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please	se return all correspondence concerning this matt	ter to the following:
Ronni	nie S. Navarro	
	e of Contact Person	
Hone	ey Hill Congregation of Jehovah's Witnesses, Carol C	City, FL, Inc.
	/Company	
18201	I NW 68th Avenue	
Addre	ress	
Miam	ni, FL 33015-3404	
City/S	State and Zip Code	
	honeyhill.jw@gmail.com	
E-ma	ail address: (to be used for future annual repo	ort notification)
For fu	further information concerning this matter, please	e call:
Ronn	nie S. Navarro	at (954) 608-5338
	Name of Contact Person	at (954) 608-5338 Area Code & Daytime Telephone Number
Encle	osed is a \$35.00 check made payable to the Depa	artment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida State n organized under the laws of the State of <mark>Flori</mark> r registered agent, or both, in the State of Flori	ida		
		regation of Jehovah's Witnesses, Carol City, Floric			
2. The principa	office address: 18201 NW 68th A	venue, Miami, FL 33015-3404			
3. The mailing	address (if different):				
		Document number: N1600001050)2		
	nd street address of the current regi artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	he		
	George Spence (Resigned)		~		
	Home - 13404 SW 31st Street, Mi	iramar, FL 33027	7021 SEP 16		
	Office - 18201 NW 68th Avenue.	Miami, FL 33015-3404	P 16		
· "					
	Ronnie S. Navarro		AM 7: 25		
	Home - 9144 SW 36th Street, Miramar, FL 33025				
		P.O. Box NOT acceptable			
	Office - 18201 NW 68th Avenue,	Miami, FL 33015-3404			
The street add as changed wi	ress of its registered office and th	e street address of the business office of its re	gistered agent,		
		adopted by its board of directors or by an officen notified in writing of the change.			
Ricara	lo Presa Ir	Ricardo Presa, Secretary			
	ture of an officer or director	Printed or typed name and title			
I further agrée of my duties, a document is be	s to comply with the provisions of	gent and agree to act in this capacity. All statutes relative to the proper and comple the obligation of my position as registered ag the in the registered office address, I hereby c change.	ete performance gent. Or, if this onfirm that the		
Ronnie	S. Navarro	09/10/2021			
	ignature of Registered Agent	Date			
If signing on b	pehalf of an entity:				
	Typed or Printed Name	_			
	* * * F!L	ING 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)