

N16000010535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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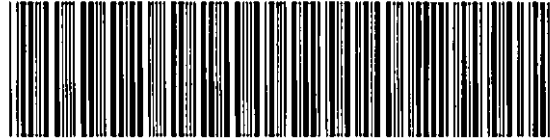
(Business Entity Name)

(Document Number)

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7-11-17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brownsville Revival Center Inc
Name of Corporation

DOCUMENT NUMBER: N16000010535

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:

Lisa M. Stephens
Name of Contact Person

Brownsville Revival Center Inc
Firm/Company

PO Box 92205
Address

Lakeland FL 33804
City/State and Zip Code

Lisalives58@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Coffey at (863) 344-1462
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
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: Brownsville Revival Center INC
2. The principal office address: 1223 Ariana St
Lakeland FL 33803
3. The mailing address (if different): PO Box 92205
Lakeland FL 33804
4. Date of incorporation/qualification: 10/27/16 Document number: N16000010535
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)

Carolyn Williams
4355 Corporate Ave Apt 178
Lakeland FL 33809

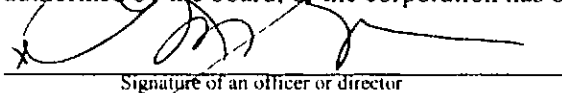
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sheila A. Coffey
1033 Dossey Oaks Lane
P.O. Box NOT acceptable
Lakeland FL 33811

17 JUL -5 PM 6:22
TALLAHASSEE, FLORIDA

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.


Signature of an officer or director

Lisa M Stephens Pres.
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

7/3/17
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