

N16052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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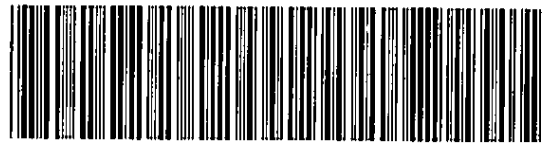
(Business Entity Name)

(Document Number)

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C. GOLDEN

OCT - 5 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Congregational United Church of Christ Ocala, FL
Name of Corporation

DOCUMENT NUMBER: N16052

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:

Louis Rodes

Name of Contact Person

First Congregational United Church of Christ Ocala, FL

Firm/Company

7171 SW State Road 200

Address

Ocala, FL 34476

City/State and Zip Code

fcucctreasurer@outlook.com

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

For further information concerning this matter, please call:

Louis Rodes

Name of Contact Person

at (352) 2373035

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: FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, OCALA, FLORIDA, INC.

2. The principal office address: 7171 Southwest State Road 200 Ocala, FL 34476

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/25/1986 Document number: N16052

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)

Carel, Jill
9300 SW 92nd Lane
OCALA, FL 34481

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

Louis Rodes

13 Count Fleet Drive

P.O. Box NOT acceptable

Ocala, FL 34482

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.

Diane Donohue
Signature of an officer or director

Diane Donohue, Director, Secretary
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]
Signature of Registered Agent

September 17, 2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE

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