

N17000001197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

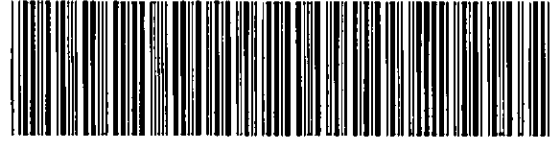
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 SEP 29 AM 11:59

Ra Chang

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diane Stallings Ministries, Inc.

Name of Corporation

DOCUMENT NUMBER: N17000001197

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:

Diane Stallings

Name of Contact Person

Diane Stallings Ministries, Inc.

Firm/Company

1407 E. John Sims Parkway

Address

Niceville, FL 32578

City/State and Zip Code

diane.ccf@gmail.com

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

For further information concerning this matter, please call:

Diane Stallings

Name of Contact Person

850 714-1158

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

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DIVISION OF CORPORATIONS
17 SEP 29 AM 11:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2017

DIANE STALLINGS
C/O ST PAUL LUTHERAN CHURCH
1407 E JOHN SIMS PARKWAY
NICEVILLE, FL 32578

SUBJECT: DIANE STALLINGS MINISTRIES, INC.
Ref. Number: N17000001197

See enclosures

We have received your document for DIANE STALLINGS MINISTRIES, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

We did not receive the actual Statement of Change of Registered Office/Agent form. I just have the cover letter and money.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 817A00017179

RECEIVED
17 SEP 29 PM 1:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLAHAMA, FLORIDA

**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: Diane Stallings Ministries, Inc.
2. The principal office address: 1720-A 27th Street, Niceville, FL 32578
3. The mailing address (if different): 1407 E. John Sims Parkway, Niceville, FL 32578
4. Date of incorporation/qualification: February 1, 2017 Document number: N17000001197
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)

Ms. Diane Stallings

456 Apostles Way

Santa Rosa Beach, FL 32459

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

Ms. Diane Stallings

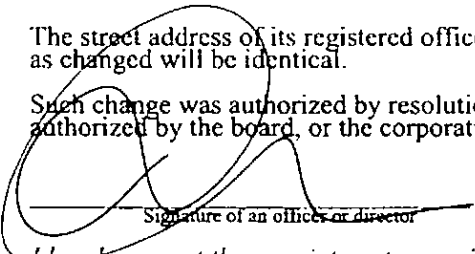
1720-A 27th Street

P.O. Box NOT acceptable

Niceville, FL 32578

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

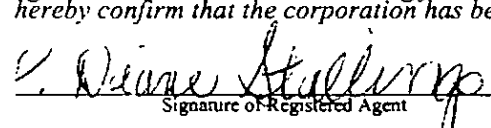
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Dr. Nancy A. Berquist, Vice-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

9/18/2017
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
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 SEP 29 AM 11:59