

N1700000 6189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

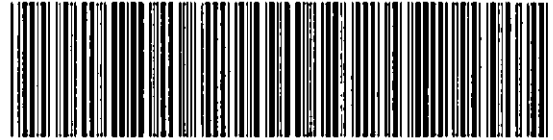
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/19
STATE OF MAINE
DIVISION OF REVENUE
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RA Change
(office)

JAN 16 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Life Community, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000006189

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:

Wanda Bruce
Name of Contact Person
New Life Community, Inc.
Firm/Company
PO Box 5058
Address
Deltona FL 32728
City/State and Zip Code

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

For further information concerning this matter, please call:

Wanda Bruce at (407) 923-0419
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

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FILED
STATE
CLERK OF
CORPORATIONS

**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: New Life Community, Inc.
2. The principal office address: 829 Deltona Blvd. suite 101
Deltona FL 32725
3. The mailing address (if different): PO Box 5058 Deltona FL. 32728
4. Date of incorporation/qualification: 6/12/2017 Document number: N179000006189
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)

Wanda Bruce

1640 Dr Martin Luther King Blvd.

Deltona FL 32725

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

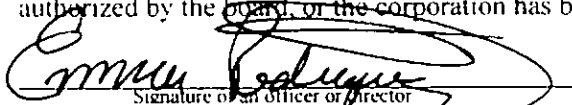
829 Deltona Blvd. suite 101

P.O. Box NOT acceptable

Deltona FL. 32725

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

Emma Rodriguez- 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 of Registered Agent

12/12/19
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 (04/13)

19 DEC 16 AM 11:49
STATE DEPT OF STATE
DIVISION OF CORPORATIONS