

N17000007932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

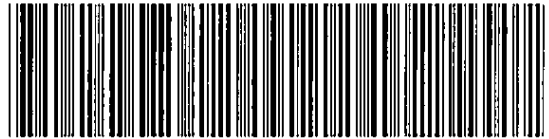
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Case No. 24-10018-121 **1001

FILED
2024 OCT 11 PM 11:00
CLERK OF COURT
JANUARY 11, 2025

RECEIVED
08/06/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWO FOLD HELP MINISTRIES, INC.
Name of Corporation

DOCUMENT NUMBER: N17000007932

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:

Linda Chisom

Name of Contact Person

TWO FOLD HELP MINISTRIES, INC.

Firm/Company

2484 W SR 434 # 200

Address

Longwood, FL 32779

City/State and Zip Code

info@twofoldhelpministries.org

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

For further information concerning this matter, please call:

Linda Chisom

Name of Contact Person

at (954)

639-1848

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: TWO FOLD HELP MINISTRIES, INC.
2. The principal office address: 2484 W State Road 434 # 200 Longwood, FL 32779
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 08/01/2017 Document number: N17000007932
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)

CHISLUM, LINDA

4110 CLUBSIDE DR.

LONGWOOD, FL 32779

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

CHISLOM, LINDA

2484 W State Road 434 # 200

P.O. Box NOT acceptable

Longwood, FL 32779

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.

Lynda Chisum
Signature of an officer or director

Linda Chislorin
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.

Linda Chisolm
Signature of Registered Agent

8-1-24
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))