

N170000010793

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090300032
Phone : (561)792-2236
Fax Number : (561)202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE JOANN BRAZIEL MINISTRIES INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

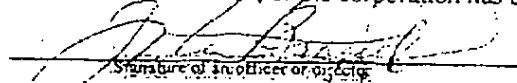
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA, _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JOANN BRAZIEL MINISTRIES INC.
2. The principal office address: 4019 HADEN AVENUE
WEST PALM BEACH, FL 33407
3. The mailing address (if different): 4019 HADEN AVENUE
WEST PALM BEACH, FL 33407
4. Date of incorporation/qualification: 10/26/2017 Document number: N17000010793
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)
JOANN BRAZIEL
5647 110TH AVENUE N
ROYAL PALM BEACH, FL 33411
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
P.O. Box NOT acceptable
ROYAL PALM BEACH, FL 33411

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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

JOANN BRAZIEL

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

11/16/2018
Date

If signing on behalf of an entity:

JOANN BRAZIEL

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314
CR2E945 (03/12)

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