

N18000001203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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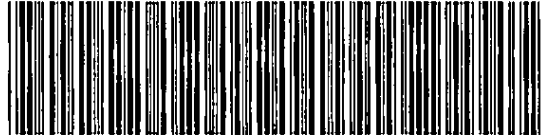
(Business Entity Name)

(Document Number)

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FEB 11 2019
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Enlightened Women's Ministries, Inc.
Name of Corporation

DOCUMENT NUMBER: N18000001203

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:

Ginette Desir

Name of Contact Person

Enlightened Women's Ministries, Inc.

Firm/Company

440 NE 161st Street

Address

Miami, FL 33162

City/State and Zip Code

ginette.desir1@gmail.com

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

For further information concerning this matter, please call:

Ginette Desir

Name of Contact Person

at 305 409-4218

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

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.

2. The principal office address: 440 NE 161st Street, Miami, FL 33162

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 01/30/2018 Document number: N18000001203

Registered Agents, Inc.

3030 N. Rocky Point Dr., Suite 150A

Tampa, FL 33607

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

Marie Geralde Vital, Attorney

471 Ives Dairy Rd. # C-102

P.O. Box NOT acceptable

Miami, FL 33179

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 ~~Plan~~ officer or director

Ginette Desir, 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

01/31/2019

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)