

N20 000007478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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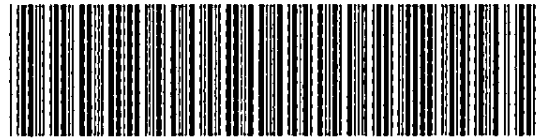
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JG 10/21/20

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lagunna Williams Ministries Inc  
Name of Corporation

**DOCUMENT NUMBER:** N20000007478

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:

Lagunna Williams  
Name of Contact Person

Lagunna Williams Ministries Inc  
Firm/Company

1311 US HWY 92 West LOT 79  
Address

Abundale, F.L, 33823  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lagunna Williams at (347) 310-3112  
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  
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: Laquanna Williams Ministries INC
- 2. The principal office address: 1311 US HWY 92 West LOT 79  
Abundale, FL 33823
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 07/02/2020 Document number: N20000007478
- 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)

Williams, Laquanna S  
620 Ave Y Northeast Apt A  
Winter Haven, FL, 33881

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

Williams, Laquanna S  
1311 US HWY 92 West LOT 79  
P.O. Box NOT acceptable  
Abundale, FL, 33823

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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.

Laquanna Williams  
Signature of an officer or director

Laquanna Williams, 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.*

Laquanna Williams  
Signature of Registered Agent

09/09/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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