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TO: Amendment Section
Division of Corporations

SUBJECT: Divine Image Christian Ministries Inc
Name of Corporation

DOCUMENT NUMBER: N21000001262

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:

Lawrence Egharevba

Name of Contact Person

Firm/Company

1317 Edgewater Dr. Suite #3944

Address

Orlando, FL 32804

City/State and Zip Code

Divinemministries77@gmail.com

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

For further information concerning this matter, please call:

Lawrence Egharevba

at (469) 456-6596

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: Divine Image Christian Ministries Inc
2. The principal office address: 1317 Edgewater Dr. Suite# 3944
Orlando, FL 32804
3. The mailing address (if different): 1317 Edgewater Dr. Suite #3944 Orlando, FL 32804
4. Date of incorporation/qualification: 1/28/2021 Document number: N21000001262
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)

Lawrence Egharevba

9931 W. Flagler Street Apt 525

Miami, FL 33174

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

Marc Daniels

1317 Edgewater Dr.

P.O. Box NOT acceptable

Orlando FL. 32804

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

Lawrence Egharevba

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

08/15/2022

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (04/13)