N23000003343

(Requestor's Name)
(Requestor's Name)
72.11
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special manded of all golden.

Office Use Only



600413160966

08/07/23--01004--009 **35.00

FILED

2023 AUG -7 AM 6: 3

SECRE IARY OF STA



Amendment Section Division of Corporations TO:

SUBJECT: The Acck Church of west paym Beach IVC Name of Corporation
DOCUMENT NUMBER: N23000003343
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:
Name of Contact Person
Name of Contact Person
The Rock Church of West paim Beach INC Firm/Company
Firm/Company
16 Fawlkland circle
Address
Boynton Beach, FC 33426 City/State and Zip Code Iglesialaroca wpB@gmail.com
City/State and Zip Code
Iglesialarocawps@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
·
Name of Contact Person at (984) 471-6934 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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTS OTH 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 +100 da in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Bock Church of west palm Beach INC
2. The principal office address: 2501 bristo1 Drive, west paim 8000, FL 33409
3. The mailing address (if different): 16 Fawlkland Circle Boynen Beach, SC 3342
4. Date of incorporation/qualification: 3/28/2023 Document number: N83000003343
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)
United States conforción agents, INC
476 Riverside ave
Jackschville, EL 32202
6. The name and street address of the new registered agent (if changed) and /or registered of the first (if changed):
(if changed): hachel Da Silva FAT 36
16 Faulkland Circle P.O. Box NOF acceptable
Boynen Beach, FL 33426
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.
Lucas Da SIIV a 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.
Rachel de distra 7/30/2023 Date Date
If signing on behalf of an entity:
Aachel Da Silva 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