

N23000010688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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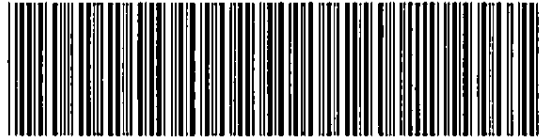
(Business Entity Name)

(Document Number)

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R. HUNT

11/21/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOD'S GRACE LEARNING CENTER INC.
Name of Corporation

DOCUMENT NUMBER: N23000010688

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:

TEVON CONEY

Name of Contact Person

GOD'S GRACE LEARNING CENTER

Firm/Company

420 NW 5TH AVE.

Address

FLORIDA CITY, FL 33034

City/State and Zip Code

GODSGRACELEARNING@GMAIL.COM

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

For further information concerning this matter, please call:

TEVON CONEY

Name of Contact Person

at (786) 247-7926

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

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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: GOD'S GRACE LEARNING CENTER
2. The principal office address: 420 NW 5TH AVE, FLORIDA CITY, FL 33034

3. The mailing address (if different): (SAME AS ABOVE)

4. Date of incorporation/qualification: 09/01/2023 Document number: N23000010688

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)

JAIMI BYNES

19529 SW 80TH CT.

CUTLER BAY, FL 33157

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

TEVON CONEY

806 FORESTERIA DR

P.O. Box NOT acceptable

LAKE PARK, FL 33403

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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.

John Coney

Signature of an officer or director

TEVON CONEY

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.

John Coney

Signature of Registered Agent

11/17/23

Date

If signing on behalf of an entity:

TEVON CONEY

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 (04/13)