

N40500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

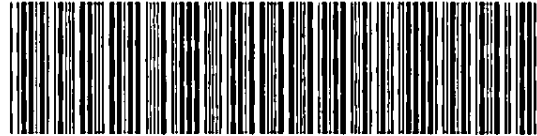
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800323766938

01/30/19--01010--003 ++35.00

FILED
TALLAHASSEE, FL

2019 JAN 30 AM 10:06

FILED

RECEIVED
FEB 1 2019
FATHLE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunlight Community Church of Port St. Lucie, Inc
Name of Corporation

DOCUMENT NUMBER: N40500

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:

Stacy Knapp

Name of Contact Person

Sunlight Community Church of Port St. Lucie, Inc

Firm/Company

477 SW Cashmere Blvd

Address

Port St. Lucie, FL 34986

City/State and Zip Code

treasurer@sunlightcc.org

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

For further information concerning this matter, please call:

Stacy Knapp

Name of Contact Person

at (**772**) **879-6326**

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

**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: Sunlight Community Church of Port St. Lucie, Inc
2. The principal office address: 477 SW Cashmere Boulevard, Port St. Lucie, FL 34986

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/28/1975 Document number: N40500

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)

Jason Palm

477 SW Cashmere Boulevard

Port St. Lucie, FL 34986

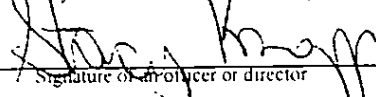
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Scott Vander Ploeg

P.O. Box NOT acceptable

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 officer or director

Stacy Knapp

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

1-25-11
Date

If signing on behalf of an entity:

Scott Vander Ploeg

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)

FILED
2019 JAN 30 AM 10:06
TALLAHASSEE, FL