

N46873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

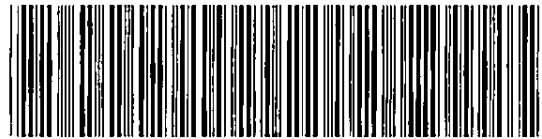
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Sep 22, 2023 08:00 AM
Secretary of State

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHRIST COVENANT CHURCH INC.
Name of Corporation

DOCUMENT NUMBER: N46873

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:

ROBERT BULLEN
Name of Contact Person

CHRIST COVENANT CHURCH INC.
Firm/Company

4700 SW 188 AVE
Address

SOUTHWEST RANCHES, FLORIDA 33332
City/State and Zip Code

ELDERS@CHRISTCOVENANT.CC
E-mail address: (to be used for future annual report notification)

FILED
Sep 22, 2023 08:00 AM
Secretary of State

For further information concerning this matter, please call:

ROBERT BULLEN at (954) 295-8566
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: CHRIST COVENANT CHURCH INC.
2. The principal office address: 4700 SW 188 AVE
SOUTHWEST RANCHES, FLORIDA 33332
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/16/1992 Document number: N46873
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)

BIRD, EMILY J — RESIGNED
7554 STIRLING RD 102
HOLLYWOOD, FLORIDA 33024

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

ROBERT BULLEN **FILED**
4700 SW 188 AVE **Sep 22, 2023 08:00 AM**
SOUTHWEST RANCHES, FLORIDA 33337 **Secretary of State**
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.

RBullen
Signature of an officer or director

ROBERT BULLEN
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.

RBullen
Signature of Registered Agent

09/18/2023
Date

If signing on behalf of an entity:

ROBERT BULLEN
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)