

(F	Requestor's Name)	
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((City/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of St	atus
Special Instructions	to Filing Officer:	

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C. GOLDEN MAR 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Holy Spirit Ministries
Name of Corporation
DOCUMENT NUMBER: N51435
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:
Barbara Allen
Name of Contact Person
Firm/Company
1461 NW 38th Street
Address
Miami, FL 33142
City/State and Zip Code
hsmin1305@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara Allen Name of Contact Person Name of Contact Person at (305) 331-5947 Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Tallahassee, FL 32314

Division of Corporations

P.O. Box 6327

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2018

BARBARA ALLEN 1461 NW 38 STREET MIAMI, FL 33142

SUBJECT: HOLY SPIRIT MINISTRIES, INC.

Ref. Number: N51435

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity's date of incorporation/organization must be listed in the document.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 318A00003648

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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: Holy Spirit Ministries, Inc
2. The principal office address: 1305 NW 54th Street, Miami, FL 33142
3. The mailing address (if different): P.O. Box 472652, Miami, FL 33247
4. Date of incorporation/qualification: 10/22/1992 Document number: N51435
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)
Gwendolyn Roscoe (resigned)
1760 NW 152 Terrace
Opa-Locka, FL 33054
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Barbara Allen , 56
1461 NW 38 Street
P.O. Box NOT acceptable Miami, FL 33142
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.
Avery Jones, President 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 fomply 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.
Significant Open Date
If signing on behalf of an entity:
Barbara Allen
Typed or Printed Name

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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