

3/11/2021

N920000219

Division of Corporations
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 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE
 FAMILY LIFE CENTER INTERNATIONAL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Y. SULKER
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 MAR 15 2021

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: Family Life Center International Inc.

2. The principal office address: 2130 Wade Hampton Blvd., Greenville, SC 29615

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/02/1992 Document number: N9200000219

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)
WOOD, STEPHEN DPRES
3006 Caring Way Apt. 604
Port Charlotte, FL 33952

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

2021 MAR 12 PM 3:02
DIVISION OF CORPORATIONS
FILED

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.

Stephen Wood
Signature of an officer of director

Stephen Wood, 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 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.

By: Christine Keln
Signature of Registered Agent

03/11/2021
Date

If signing on behalf of an entity:
Christine Keln, Assistant Secretary
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)