

N93000001405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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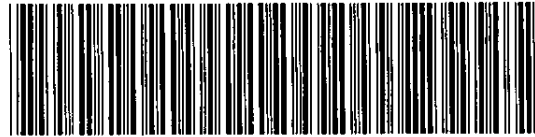
(Business Entity Name)

(Document Number)

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SECRETARY  
TALLAHASSEE, FL



# Fulford United Methodist Church

"To make Jesus Christ known to all, and to stand as an example to faith"

Miami, Florida June 24, 2014

Florida Department of State

Division of Corporations

Amendment Section

RE:114A00012360

I am sending the statement of registered office or registered agent, please apply the \$50.00 previous payment sending weeks ago with the form fictitious name which was the wrong application for this case. The check # is 12652 for \$50.00. According to the statement of registered name there is a filing fee of \$35.00. Please send the difference payable to Fulford United Methodist Church. If you have any questions please do not hesitate to call at 305-945-3505 or email at [fulfordunited@bellsouth.net](mailto:fulfordunited@bellsouth.net).

Sincerely

Alexandra Diaz

Office Administrator

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fulford Christian Day Care  
Name of Corporation

**DOCUMENT NUMBER:** N93 00000 1405

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:

Alexandra Diaz  
Name of Contact Person

Fulford United Methodist Church, Inc.  
Firm/Company

1900 N.E. 164th Street  
Address

Miami/Florida 33162  
City/State and Zip Code

fulfordunited@bellsouth.net  
E-mail address: (to be used for future annual report notification)

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14 JUN -6 AM 9:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Alexandra Diaz at ( 305 ) 9453505  
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  
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: Fulford Christian Day Care
2. The principal office address: 1900 N.E. 164th Street North Miami Beach  
Florida 33162
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N93000001405

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)

Burke, Marta J.  
1900 N.E. 164th Street  
Miami, FL 33162

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

Fulford United Methodist Church, Inc (N93-929)  
1900 N.E. 164th Street Miami, FL 33162  
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.

James M. King, Jr.  
Signature of an officer or director

JAMES M. KING, JR.  
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.

James M. King, Jr.  
Signature of Registered Agent

06/24/2014  
Date

If signing on behalf of an entity:

JAMES M. KING, JR.  
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)