## N930002597

(Re	questor's Name)	<u> </u>
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

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SUBJECT: REMOBETTA Christian Church Council INC, Name of Corporation

N93 NDDDD 2597 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

<u>نین</u>

SUAN UIIIdford Name of Contact Person

Firm/Company 1700 Montation Dak DR URIMON FI. 32 824 City/State and Zip Code Omar Villator 62 Q 9 mail. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (32/ 246 4979 Area Code & Davtime 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

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CR2E045 (03/12)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2018

JUAN VILLATORO 1700 PLANTATION OAK ORLANDO, FL 32824

SUBJECT: REHOBOTH CHRISTIAN CHURCH COUNCIL, INC. Ref. Number: N93000002597

We have received your document for REHOBOTH CHRISTIAN CHURCH COUNCIL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of change of registered agent form cannot be used to change officers/directors. Pleas see the enclosed information.

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.

Rebekah White Regulatory Specialist II

Letter Number: 718A00020911

2018 OCT 29 PM 1: 05 Secretary 65 state Tallanassee. FL

RECEIVED

## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: REHOBOTH Christian Church Council INC. DOCUMENT NUMBER: N93 D0000 2597 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN D. V'ILATORO (Name of Contact Person) (Firm/ Company) WEST CYPRESS ST. 205 Kissimmel Fl. 34741 (City/State and Zip Code) Omor Villa ford 62 @ 9 ma/2 - Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $\frac{5 \sqrt{4} \sqrt{0} \cdot \sqrt{11} \sqrt{4} \sqrt{7} \sqrt{0}}{(\text{Name of Contact Person})} \text{ at } \frac{32}{(\text{Area Code})} \frac{2464979}{(\text{Davtime Telephone Number})}$ Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

		<b>Not</b> -1
	Articles of Amendment to	<u>Elicn</u>
	Articles of Incorporation	FILED
Pehoboth	( histich	(12018 PET 29(PM Brost, Inc
(Name of Corporation :	is currently filed with the Florida	Dept. of SCHORETARY OF STATE
N 93 0000	02597	TALLAHASSEE, FL
(Docume	ent Number of Corporation (if know	m)
Pursuant to the provisions of section 617,1006, Flori- amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Po	rofit Corporation adopts the following
1. If amending name, enter the new name of the second s	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	· ·	r the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the name.	NIA	
<ol> <li>Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AE</u></li> </ol>		
2. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	$_{ox}$ $N/A$	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ter the name of the
Name of New Registered Agent:	NIA	
<u>New Registered Office Address:</u>	(Florid	a street address)
sea Aeginerea Office Auarcas.	NIA	
		Florida (Zip Code)
	' (C.II,Y)	(Zip Coae)
New Registered Agent's Signature, if changing Ro		
hereby accept the appointment as registered agent.	$-i$ am familiar with and accept the $\dot{I}_{\Delta}$	onugations of the position.
	NIA	
—	Signature of New Registere	d Agent, if changing
	/	e e e vivir mana

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Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

•

Please note the officer/director title by the first letter of the office title.

 $P = President; V \neg$  Vice President;  $T = Treasurer; S \circ Secretary; D \neg$  Director;  $TR = Trustee; C \neg$  Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John I</u> <u>V Mike</u> SV Sally :	Jones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) _X Change Add Remove	T	Norma I. SANTIAGO	<u>1802 Pork CT.</u> <u>Kissimmee Fl.</u> 34741
2) Change	T	MARICELIS LOPEZ	<u>2651 Sherr</u> / Cir. <u>Kissimuel F1.</u> 34743
Remove 3.) Change Add Remove	<u>Deaco</u> n	NOrMA I SANTiago	1802 JAIL CT Kissimmel F1. 34741
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add		,	
Remove		Page 2 of 4	

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (a)tach additional sheets, if necessary). (Be specific)

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Page 3 of 4

The date of each amendment(s) adoption:	 if other than the
date this document was signed.	

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

10-26-1 Dated iùla Signature \_ (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary).

<u>SUAN</u> D. UIUAFOTD (Typed or printed name of person signing)

PASTOF (Title of person signing)