

N9300003143

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To:  
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Fax Number : (850)617-6380

From:  
Account Name : TRIPP SCOTT, P.A.  
Account Number : 07535000065  
Phone : (954)525-7500  
Fax Number : (954)761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mmm@trippscott.com

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

RESURRECTION LIFE WORLD OUTREACH CHURCH, INC.

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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: RESURRECTION LIFE WORLD OUTREACH CHURCH, INC.2. The principal office address: 2810 S US Hwy 1, Fort Pierce, FL 34982

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/14/1993 Document number: N93000003143

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)

DONNELYN KHOURIE8032 Kinwah TracePort Saint Lucie, FL 34987

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

TANYA L. BOWER, ESQ.c/o Tripp Scott, P.A., 110 SE 6th Street, 15th FloorP.O. Box NOT acceptableFort Lauderdale, FL 33301

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.

Donnelyn Khourie

Signature of an officer or director

DONNELYN KHOURIE, 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.

[Signature]

Signature of Registered Agent

7/26/21

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
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