N95000)3845

(Requestor's Name)				
(Address)				
(Address)				
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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OCT 2 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations				
South Dade Christian and Missionary Alliance Church of Leisure City, FL SUBJECT:				
Name of Corporation				
DOCUMENT NUMBER: N9500003845				
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:				
Conrad DeLaTorres				
Name of Contact Person				
South Dade Christian And Missionary Church of Leisure City FL				
Firm/Company	,			
16325 SW 288 Street				
Address				
Homestead, Fl. 33033				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Conrad DeLaTorres 305 247-6352				
Name of Contact Person Area Code & Daytime Telephone Nu	mber			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regi.	anized under the laws of the State o	f Florida
1. The name of	the corporation: South Dade Christ I office address: 16325 SW 288 S	stian and Missionary Churc	h of Leisure City FL
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/23/1956	Document number: N950	000003845
	d street address of the current registered artment of State: (If resigned, enter resigned)	2 2	with the
·	Resigned	,	
	Linda Hurley		_
	1	_	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered of	TALLAH
	Conrad DeLaTorres		TIE
	16325 SW 288 Street	OT acceptable	_ 1 669
	Homestead, FL. 33033	OT acceptable	**************************************
The street address changed will	ess of its registered office and the stree l be identical.	et address of the business office of	its registered agent,
	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by a notified in writing of the change.	n officer so
	(delit-	Printed or typed name and	Tonres Pastur
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent a to comply with the provisions of all sta f my duties, and I am familiar with and its document is being filed merely to re that the corporation has been notified	and agree to act in this canacity	
	roala L	oct.15.	2018
Sig	gnature of Registered Agent	Date	
T	yped 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 * * *