

1795 00005089

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

From:
Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

REGISTERED AGENT CHANGE
FOUR WINDS ECCLESIA, INCORPORATED

Certificate of Status	0
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October 15, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FOUR WINDS ECCLESIA, INCORPORATED
PO BOX 680647
ORLANDO, FL 32868US

SUBJECT: FOUR WINDS ECCLESIA, INCORPORATED
REF: N95000005089

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline

Regulatory Specialist II Supervisor

FAX Aud. #: H24000327857

Letter Number: 324A00022799

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOUR WINDS ECCLESIA, INCORPORATED
Name of Corporation

DOCUMENT NUMBER: N95000005089

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:

Melanie Galero

Name of Contact Person

InCorp Services, Inc.

Firm/Company

9107 West Russell Road Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Galero on behalf of InCorp Services, Inc. at 800-246-2677 ext. 6806

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR12045 (04/13)

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TALLAHASSEE, FL

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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.

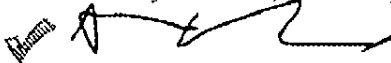
1. The name of the corporation: FOUR WINDS ECCLESIA, INCORPORATED
2. The principal office address: 15411 County Road 455
Mont Verde, FL 34756
3. The mailing address (if different): PO Box 680647, Orlando, FL 32868
4. Date of incorporation/qualification: 10/24/1995 Document number: N95000005089
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Berg, Michael A. APD
15411 County Road 455
Mont Verde, FL 34756

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

InCorp Services, Inc.
3458 Lakeshore Drive
PO Box NOT acceptable
Tallahassee, FL 32312

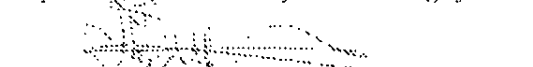
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Michael Berg, 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 of Registered Agent

09/24/2024
Date

If signing on behalf of an entity:

Louise Breytenbach on behalf of InCorp Services, Inc.
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
CRCE045 (04/13)

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