

N9600000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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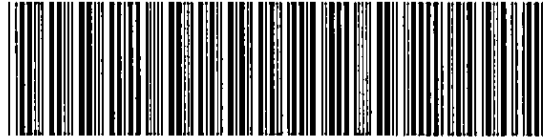
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Angel Christian Television Trust, Inc.

Name of Corporation

DOCUMENT NUMBER: N96000000237

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:

Rich Beninati

Name of Contact Person

Angel Christian Television Trust, Inc.

Firm/Company

P.O. Box 592247

Address

Orlando, FL 32859

City/State and Zip Code

RBeninati@god.tv

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

For further information concerning this matter, please call:

Rich Beninati

Name of Contact Person

at (407) 862-5084

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: Angel Christian Television Trust, Inc.
2. The principal office address: 6880 Lake Ellenor Drive, Suite 200, Orlando, FL 32809

3. The mailing address (if different): PO Box 592247, Orlando, FL 32859

4. Date of incorporation/qualification: 01/11/1996 Document number: N96000000237

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)

Stephen W. Beik
375 Douglas Ave., Suite 1008
Altamonte Springs, FL 32714

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

Stephen W. Beik
6880 Lake Ellenor Drive, Suite 200
P.O. Box NOT acceptable
Orlando, FL 32809

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TALLAHASSEE, FLORIDA

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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.

Stephen W. Beik
Signature of an officer or director

Stephen W. Beik, Secretary/Director
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.

Stephen W. Beik
Signature of Registered Agent

October 11, 2017
Date

If signing on behalf of an entity:

Stephen W. Beik
Typed or Printed Name

*** FILING FEE: \$35.00 ***