

N9600000951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

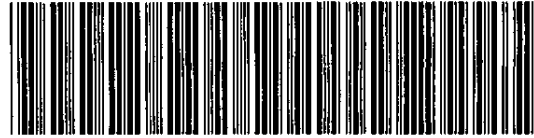
(Business Entity Name)

(Document Number)

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S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2017

ERIC C FLORENCE  
OPEN ARMS MINISTRIES, INC.  
5290 CHAKANOTSA CIRCLE  
ORLANDO, FL 32818

SUBJECT: OPEN ARMS MINISTRIES, INC.  
Ref. Number: N96000000951

We have received your document for OPEN ARMS MINISTRIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 617A00019356

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

OPEN Arms Ministries, Inc.  
Name of Corporation

DOCUMENT NUMBER: N 96000006951

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:

ERIC C. FLORENCE

Name of Contact Person

OPEN Arms Ministries, Inc.

Firm/Company

5290 CHAKWOTSA Circle

Address

Orlando, FL 32818

City/State and Zip Code

ericflorence@yahoo.com

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

For further information concerning this matter, please call:

ERIC FLORENCE

Name of Contact Person

at ( 321 ) 228-3896

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: Open Arms Ministries, Inc.  
2. The principal office address: 5290 CHAKANOTOSA Circle

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

4. Date of incorporation/qualification: Feb. 22, 1996 Document number: N 96000000951

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)

Phyllis L. Florence  
5290 CHAKANOTOSA Circle  
ORLANDO FL. 32818

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

ERIC C. FLORENCE  
5290 CHAKANOTOSA Circle  
ORLANDO, FL. 32818

P.O. Box NOT acceptable

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 authorized by the board, or the corporation has been notified in writing of the change.

Signature of officer or 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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

ERIC C. Florence  
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

CR2E045 (03/12)

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