

N97000002109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

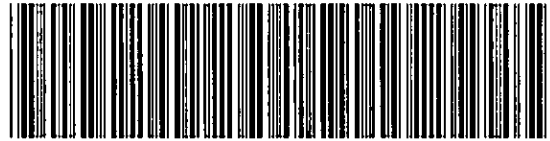
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

11/10/2020

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Faith, Hope & Charity Anointed Church of the Living God Inc.  
Name of Corporation

DOCUMENT NUMBER: N 97000002109

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:

Heather M. Gates  
Name of Contact Person

Faith, Hope & Charity Anointed Church of the Living God Inc.  
Firm/Company

15100 SE 80th Ave  
Address

Summerfield, FL 34491  
City/State and Zip Code

FHC.CLG.15100@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Gates at ( 352 ) 812-4193  
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

**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: Faith, Hope & Charity Apostolic Church of the Living Oak Ln
2. The principal office address: 15100 SE 80th Ave Summerfield,  
FL 34491
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/15/1997 Document number: N97000002109
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)

Beannia B. Gates  
11424 SE 59th Ter  
Belleview, FL 34420

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

Heather M. Gates  
15100 SE 80th Ave  
Summerfield, FL 34491

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

Timothy Watkins  
Signature of officer or director

Timothy Watkins Sr  
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.

Heather M. Gates  
Signature of Registered Agent

10/21/2020  
Date

If signing on behalf of an entity:

Heather Gates  
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 (04/13)

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