

N98000000836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400239355014

09/11/12--01005--007 **35.00

FILED
12 OCT 22 AM 10:16
STATE OF TEXAS
FALLS COUNTY

Handwritten signature

OCT 22 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Daytona Beach I.D.M.R., Inc.

Name of Corporation

DOCUMENT NUMBER: N98000000836

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:

Dr. Kemya R. Brooks

Name of Contact Person

Daytona Beach I.D.M.R., Inc.

Firm/Company

1417 Continental Drive

Address

Daytona Beach, FL 32117

City/State and Zip Code

kemya_brooks@yahoo.com

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

For further information concerning this matter, please call:

Dr. Kemya R. Brooks

Name of Contact Person

at (386) 383-4076

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 OCT 22 AM 10:15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 13, 2012

KEMYA R. BROOKS
1417 CONTINENTAL DRIVE
DAYTONA BEACH, FL 32117

SUBJECT: DAYTONA BEACH INSTITUTE OF DIVINE METAPHYSICAL
RESEARCH, INC.
Ref. Number: N98000000836

We have received your document for DAYTONA BEACH INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 612A00023095

**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: Daytona Beach Institute Of Divine Metaphysical Research, Inc.
2. The principal office address: 1417 Continental Drive
Daytona Beach, FL 32117
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/12/1998 Document number: N98000000836

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)

Dr. Lisa A. Brooks
26 Fair Oaks Circle
Ormond Beach, FL 32174

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

Dr. Kemya R. Brooks
1417 Continental Drive
P.O. Box NOT acceptable
Daytona Beach, FL 32117

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.

Dr. Lupe L. Kinley
Signature of an officer or director

Dr. Lupe L. Kinley, C.E.O. & 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.

Dr. Kemya R. Brooks
Signature of Registered Agent

09/29/2012

Date

If signing on behalf of an entity:

Dr. Kemya R. Brooks
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)