

N99D DDD03455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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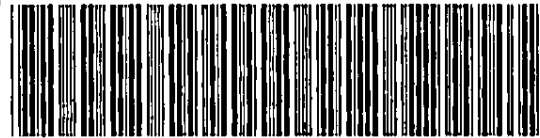
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avalon Church, Inc.

Name of Corporation

DOCUMENT NUMBER: N99000003455

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:

Lori Lewis Molloy

Name of Contact Person

Avalon Church

Firm/Company

13460 Tanja King Blvd.

Address

Orlando, FL 32828

City/State and Zip Code

lori@avalonchurch.org

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

For further information concerning this matter, please call:

Lori Lewis Molloy

Name of Contact Person

at (407) 275-5499

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: Avalon Church, Inc.
2. The principal office address: 13460 Tanja King Blvd.
Orlando, FL 32828

3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 4, 1999 Document number: N99000003455

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)

Brooks, William D (resigned)

2036 Red Buckeye Lane

Orlando, FL 32828

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

Groves, James E

14101 Portrush Dr.

P.O. Box NOT acceptable

Orlando, FL 32828

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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.

Richard C. Dunn

Signature of an officer or director

Richard C. Dunn 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.

James E Groves

Signature of Registered Agent

07-21-17

Date

If signing on behalf of an entity:

Typed or Printed Name

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