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	F VISTA CT				IAL	LEAHASSEEM	LUNIDA
	O, FL 32808					•	
. Principal	Place of Business	3. Mailing Addre	ess				
Suite, Ap	t. #, etc.	Suite, Apt. #,					
City & Sta	oje.				_ DO NO	T WRITE IN THIS SPA	ICE
————		City & State			4. FEI Number		Applied For
Zip	Country	Zip		Country	59-3596694	Desired \$8.75	Not Applicable
	6. Name and Address of Curre	nt Registered Agent	, 		5. Certificate of Status	Fee Regi	Additional uired
			<u> </u>	Name	7. Name and Address of	New Registered Age	ent
37 GOLF	WILLIAMS F VISTA CT			Ctrt			
RLANDO), FL 32808			Street Addres	s (P.O. Box Number is Not A	cceptable)	
				City			
The above	named entity submits this state						Code
	named entity submits this statem	ent for the purpose of	f changing if	s registered offic	or registered agent, or both	, in the State of Florida	
NATURE!	Signature, typed or printed name of re	U/ UUCin	1>-	Alore &		11-	14-00
This corpor	ration is eligible to satisfy its Intan	FILE		(NOTE: Register	ed Agent signature required whe	n reinstating)	Date
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that NEWNESS OF LIFE WORSHIP CENTER, INC. , has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Maurice Robinson

Robinson Accounting of America Inc.