

P05000026506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

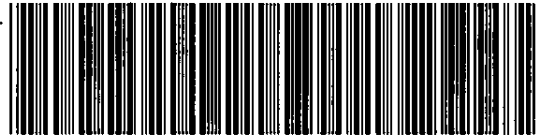
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/09--01030--001 **35.00

FILED
09 MAY 20 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAY 5/28/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KCV TELEVISION MINISTRIES INC
Name of Corporation

DOCUMENT NUMBER: P05000026506

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:

LEVY MONTES DE OCA
Name of Contact Person

Firm/Company

380 EAST 9 STREET SUITE 5
Address

HIALEAH, FL 33010
City/State and Zip Code

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

For further information concerning this matter, please call:

LEVY MONTES DE OCA at (305) 978-8349
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
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: KCV TELEVISION MINISTRIES INC
2. The principal office address: 100 N BISCAYNE BLVD SUITE 1106
MIAMI, FL 33132
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/18/2005 Document number: P05000026506
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)

GUILLERMO KANG

1337 WEST 49 PLACE # 320

HIALEAH, FL 33012

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

LEVY MONTES DE OCA

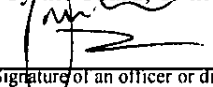
380 EAST 9 STREET SUITE 5

P.O. Box NOT acceptable

HIALEAH, FL 33010

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.



Signature of an officer or director

GUILLERMO KANG

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

05-11-09

Date

If signing on behalf of an entity:

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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA