P10000042660

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)	 		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)	<u>'</u>		
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SECRETARY OF STATE TALL AHASSEE, FLORIO,

APPROVED AND FILED

C. LEWIS
NOV 2 6 2013
EXAMINER

COVER CETTER

TO: Amendment Section
Division of Corporations

Subject: Kingdom 1st Financial Services Inc

Name of Corporation

DOCUMENT NUMBER: P100000 42660

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:

Sylvia E Jackson

Name of Contact Person

Kingdom 1st Financial Services Inc

Firm/Company

101 Parkwood Drive

Address

Niceville Fl 32578

City/State and Zip Code

sylvia@sylviajackson.com

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

For further information concerning this matter, please call:

Sylvia Jackson

,85U

685-5820

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statu n organized under the laws of the State of <mark>Floric</mark> r registered agent, or both, in the State of Floric	da		
1. The name of	the corporation: Kingdom 1s	Financial Services Inc			
2. The principal	office address: 101 Parkwoo	od Dr, Nicevile Fl 32578			
					
3. The mailing a	address (if different): Same				
4. Date of incor	poration/qualification: 5/18/20	Document number: P10000	1042660		
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	ie		
	Sylvia E Jackson				
	8482 Cypress Hollow				
	Sarasota Fl 34238		750 TO		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Sylvia Jackson		21 H NARY OF NASSEE.		
	101 Parkwood Dr		13 NOV 21 AK 10: 57 SECREJARY OF STATE TALLAHASSEE, FLORID		
	Niceville FI 32578	Box NOT acceptable	10 A		
The street addr		e street address of the business office of its reg	sistered agent,		
Such change was authorized by t	as authorized by resolution duly the board, or the corporation has t	adopted by its board of directors or by an offic been notified in writing of the change.	er so		
	Me	Sylvia E Jackson, Pres	<u></u>		
I hereby accept I further agree performance of	the appointment as registered as the appointment as registered as to comply with the provisions of my duties, and I am familiar with its document is being filed merely that the corporation has been not the corporation of the corporation has been not be the corporation has been not been not become a corporation has been not been not become as the corporation has been not become a corporation has been not become a corporation has been not become a corporation has been not been not become a corporation has been not become a corporation has been not become a corporation has been not become a corporation	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as it to reflect a change in the registered office ad otified in writing of this change. 11/18/2013	e registered dress, I		
Sig	mature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
·ī	vned or Printed Name	_			

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