3901 N.E. 22NI LIGHTHOUSE	DAVE. POINT, FL 33064			
Current Mai	ling Address:			
3901 N.E. 22 LIGHTHOUS	2ND AVE. SE POINT, FL 33064 US			
FEI Number: 59-0994567		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
SAYAGO, NOR 536 CORAL WA CORAL GABLE				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fl	orida.
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fl	orida. 04/28/2022
		istered office or regis	tered agent, or both, in the State of Fl	
	E: NORMA SAYAGO Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Fl	04/28/2022
SIGNATURE	E: NORMA SAYAGO Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Fl	04/28/2022
SIGNATURE Officer/Dire	E: NORMA SAYAGO Electronic Signature of Registered Agent			04/28/2022
SIGNATURE Officer/Dire	E: NORMA SAYAGO Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP	04/28/2022
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT VELASCO, RUBEN 536 CORAL WAY	Title Name	VP BETANCOURT, GUSTAVO 536 CORAL WAY	04/28/2022
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT VELASCO, RUBEN 536 CORAL WAY	Title Name Address	VP BETANCOURT, GUSTAVO 536 CORAL WAY	04/28/2022
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT VELASCO, RUBEN 536 CORAL WAY CORAL GABLES FL 33134	Title Name Address	VP BETANCOURT, GUSTAVO 536 CORAL WAY	04/28/2022
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	EINT ORMA SAYAGO Electronic Signature of Registered Agent Ctor Detail : PRESIDENT VELASCO, RUBEN 536 CORAL WAY CORAL GABLES FL 33134 SECRETARY	Title Name Address	VP BETANCOURT, GUSTAVO 536 CORAL WAY	04/28/2022

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORMA SAYAGO

SECRETARY

04/28/2022

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 710771

Entity Name: TRINITY METHODIST CHURCH, INC.

Current Principal Place of Business:

FILED Apr 28, 2022 Secretary of State 7869518742CC

Date