FEI Number: 26-2245565			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent	t:		
RIVERA, JUAN 310 BLUE CYP CLERMONT, FI	RESS DRIVE			
The above named	d entity submits this statement for the purpose of chang	ging its registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE	: JUAN RIVERA			02/15/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Ρ	Title	VP S	
Name	RIVERA, JUAN BISHOP	Name	RAMOS , LUIS O SR.	
Address	310 BLUE CYPRESS DRIVE	Address	15505 GEMINI DR	
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	MASCOTTE FL 34753	
Title	SECRETARY, TREASURER			
Name	CORCINO, ANGEL L			
Address	1530 BROKEN OAKS DR			
City-State-Zip:	WINTER GARDEN FL 34787			

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: BISHOP JUAN RIVERA

Electronic Signature of Signing Officer/Director Detail

Entity Name: BETTER LIFE WORSHIP CENTER INC

Current Principal Place of Business:

332 MOHAWK RD. CLERMONT, FL 34715

Current Mailing Address:

332 MOHAWK RD CLERMONT. FL 34715 US

DOCUMENT# N0800002882

FEI Number: 26-2245565

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FILED

Secretary of State

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02/15/2024 Date

PRESIDENT