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: CHARLES TABB

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

FEI Number: APPLIED FOR Name and Address of Current Registered Agent:

RICHARDSON, MINNIE 10 LAKE RD MELROSE, FL 32185 US

MELROSE, FL 32185

150 PUTNAM LOOP RD MELROSE, FL 32185

PO BOX 34

Current Mailing Address:

DOCUMENT# N13000005719

Current Principal Place of Business:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Title	D	Title	D
Name	RICHARDSON, MINNIE	Name	LONG, VERDELL REV
Address	PO BOX 34	Address	PO BOX 34
City-State-Zip:	MELROSE FL 32185	City-State-Zip:	MELROSE FL 32185
Title	D		
Name	TABB, CHARLES REV		
Address	150 PUTNAM LOOP RD		
City-State-Zip:	MELROSE FL 32185		

Entity Name: MT ZION AFRICAN METHODIST EPISCOPAL ZION INC

FILED Apr 29, 2017 Secretary of State CC3094978854

Certificate of Status Desired: Yes

PASTOR

Date