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: CARMINA RAMIREZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N15000011992

Entity Name: MOUNT ZION FAMILY CENTER, INC.

Current Principal Place of Business:

6629 NW 177 TERR MIAMI, FL 33015

Current Mailing Address:

6629 NW 177 TERR MIAMI. FL 33015

FEI Number: 81-2520731

Name and Address of Current Registered Agent:

VIAJESERVI USA 454 NW 22 AVE MIAMI, FL 33125 US

Certificate of Status Desired: No

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	E MARTHA UCANAN			05/01/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	RAMIREZ, CARMINA E	Name	DE LEON, CESAR	
Address	6629 NE 177 TER.	Address	2900 BELMONT LN	
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	COOPER CITY FL 33026	
			0-00	
Title	TREASURER	Title	SECRETARY	
Name	CAPELLAN, PAOLA F	Name	PENN, LAURA E	
Address	6629 NW 177 TERR.	Address	2900 BELMONT LN.	
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	COOPER CITY FL 33026	

PRESIDENT

05/01/2017

Date

FILED May 01, 2017 Secretary of State CC1099975055