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: LOURDES SALAZAR

Electronic Signature of Signing Officer/Director Detail

OCALA, FL 34480

Current Mailing Address:

1240 S.E. HWY. 484 UNIT B

DOCUMENT# N1900006448

Current Principal Place of Business:

9110 S.W. 30 CT. OCALA, FL 34476

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

Entity Name: IGLESIA DE DIOS MANASES, INC.

SALAZAR, LOURDES 9110 S.W. 30 CT. OCALA, FL 34476 US

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	: LOURDES SALAZAR			06/09/2021
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	Ρ	Title	EXECUTIVE SECRETARY	
	Name	SALAZAR, LOURDES	Name	RODRIGUEZ, WILLIAMS	
	Address	9110 S.W. 30 CT.	Address	2421 S.W. 147 LANE RD.	
	City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34473	
	Title	D			
	Name	PINERO, IRMA			
	Address	604 CAPEHART DR.			
	City-State-Zip:	ORLANDO FL 32822			

y 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 und

PRESIDENT

FILED Jun 09, 2021 Secretary of State 3364047174CR

Certificate of Status Desired: Yes

Date

06/09/2021