Entity Name: ALL SOULS EPISCOPAL CHURCH OF MIAMI BEACH, INC.			C. Secretary	
4025 PINE TRE	E DR. FL 33140-3601		00040	57 57 54
Current Mai	ling Address:			
4025 PINE T MIAMI BEAC	REE DR. CH, FL 33140-3601 US			
FEI Number: 59-0624350 Certificate of S			Certificate of Status Desir	ed: No
Name and A	ddress of Current Registered Agent:			
RUIZ, GINNY 4025 PINE TRE				
MIAMI DEACH,	FL 33140-3601 US			
	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flori	ida.
The above named		tered office or regis	tered agent, or both, in the State of Flori	_{ida.} 03/09/2018
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flori	
The above named	entity submits this statement for the purpose of changing its regis GINNY RUIZ Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flori	03/09/2018
The above named	entity submits this statement for the purpose of changing its regis GINNY RUIZ Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flori	03/09/2018
The above named SIGNATURE Officer/Diree	entity submits this statement for the purpose of changing its regis GINNY RUIZ Electronic Signature of Registered Agent Ctor Detail :			03/09/2018
The above named SIGNATURE Officer/Direc Title	I entity submits this statement for the purpose of changing its regis I GINNY RUIZ Electronic Signature of Registered Agent Ctor Detail : P	Title	т	03/09/2018
The above named SIGNATURE Officer/Dired Title Name	I entity submits this statement for the purpose of changing its regis I GINNY RUIZ Electronic Signature of Registered Agent Ctor Detail : P SOKOLOWSKI, MARK W 5455 ALTON ROAD	Title Name	T MULLINGS, ARACELIS 4025 PINE TREE DR.	03/09/2018
The above named SIGNATURE Officer/Dired Title Name Address	I entity submits this statement for the purpose of changing its regis I GINNY RUIZ Electronic Signature of Registered Agent Ctor Detail : P SOKOLOWSKI, MARK W 5455 ALTON ROAD	Title Name Address	T MULLINGS, ARACELIS 4025 PINE TREE DR.	03/09/2018
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip:	entity submits this statement for the purpose of changing its regis EI GINNY RUIZ Electronic Signature of Registered Agent Ctor Detail : P SOKOLOWSKI, MARK W 5455 ALTON ROAD MIAMI BEACH FL 33140-2601	Title Name Address City-State-Zip:	T MULLINGS, ARACELIS 4025 PINE TREE DR. MIAMI BEACH FL 33140-3601	03/09/2018
The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title	 entity submits this statement for the purpose of changing its regis GINNY RUIZ Electronic Signature of Registered Agent Ctor Detail : P SOKOLOWSKI, MARK W 5455 ALTON ROAD MIAMI BEACH FL 33140-2601 DIRECTOR 	Title Name Address City-State-Zip: Title	T MULLINGS, ARACELIS 4025 PINE TREE DR. MIAMI BEACH FL 33140-3601 DIRECTOR	03/09/2018

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000785

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: MARK W. SOKOLOWSKI

Electronic Signature of Signing Officer/Director Detail

SENIOR WARDEN

03/09/2018

FILED Mar 09, 2018