

NO2-000007061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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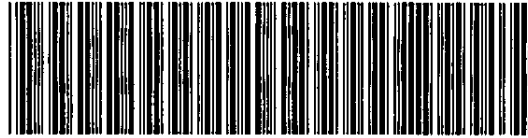
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FEB 12 2016
C. CARROTHERS

KAREN M. SULLIVAN, P.A.

Attorney at Law

441 South State Road 7

Suite 1

Margate, Florida 33068

Email address: kmsullivanlaw@bellsouth.net

Karen M. Sullivan

Broward: 954-977-4004

Fax: 954-977-4141

February 8, 2016

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Al Smith Ministries, Inc.
Document Number N02000007061


Gentlemen:

With reference to the above corporation, enclosed please find the following:

1. Cover Letter
2. Statement of Change of Registered Office or Registered Agent
3. Check in the amount of \$35.00 to the Division of Corporations

Thank you.

Very truly yours,



KAREN M. SULLIVAN, ESQ.

Ras

enc.

cc. Al Smith Ministries, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Al Smith Ministries, Inc.
Name of Corporation

DOCUMENT NUMBER: N02000007061

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David B Smith
Name of Contact Person

Al Smith Ministries, Inc.
Firm/Company

106 Wedge Drive
Address

West Columbia, SC 29172
City/State and Zip Code

drdbsmith@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B Smith at (803) 665-2919
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.
Division of Corporations

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Al Smith Ministries, Inc.

2. The principal office address: 106 Wedge Drive, West Columbia, SC 29172

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/16/2002 Document number: N02000007061

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ferdinand, Jon Jay (Deceased)

100 W. Cyress Creek Road, Suite 910

Ft. Lauderdale, FL 33309

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karen M. Sullivan

441 South State Road 7, Suite 1

P.O. Box NOT acceptable

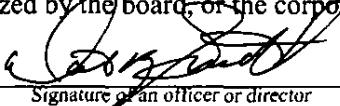
Margate, Florida 33068

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

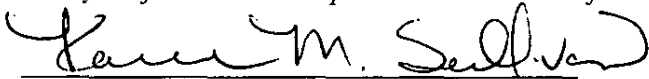


Signature of an officer or director

David B Smith, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

February 8, 2016

Date

If signing on behalf of an entity:

Karen M. Sullivan

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314