The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta			
SIGNATURE			
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PRES	Title	TREA
Name	ERAZO, SILVIO	Name	CORRALES, STELLA
Address	11428 MCCORMICK RD.	Address	11428 MCCORMICK RD.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 322
Title	SECR		
Name	OSPINA AMANDA		

11428 MCCORMICK RD. JACKSONVILLE. FL 32225

DOCUMENT# N2100002346

**Current Principal Place of Business:** 

## FEI Number: 86-2584878

**Current Mailing Address:** 

11428 MCCORMICK RD. JACKSONVILLE, FL 32225

## Name and Address of Current Registered Agent:

11428 MCCORMICK RD.

JACKSONVILLE FL 32225

CORRALES, OLMES 2610 SUNRISE RIDGE LANE JACKSONVILLE, FL US

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: STELLA CORRALES

Electronic Signature of Signing Officer/Director Detail

ate of Florida.

Address

City-State-Zip:

Entity Name: CONGREGACION CRISTIANA SHALOM, JACKSONVILLE, INC.

FILED Jan 31, 2022 Secretary of State 6314895541CC

Certificate of Status Desired: No

01/31/2022 Date

Date

TRES.