RI SOS Filing Number: 202563449450 Date: 1/29/2025 2:14:00 PM



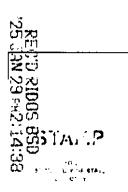
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee



statement for the purpose of c	hanging its registered office Of	VLY in the State of Rhode Islan	nd:
1. Entity ID Number	2. Exact Name of the Corpora	ation	
511679	INTERNATIONAL MINISTRY LA NUEVA JERUSALEN		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 18 FRUMSEN 34			
City/Town Providence		RHODE ISLAND	zip 02906
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 1 21 California RUE.			
City/Town Froudence		RHODE ISLAND	zip 02905
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY			
5. Date when the Change of I	Registered Office will be effecti	ve: CHECK ONE BOX ONLY	
5. Date when the Change of I Date received (Upon filin	· · · · · · · · · · · · · · · · · ·	ve: CHECK ONE BOX ONLY	
Date received (Upon filin	· · · · · · · · · · · · · · · · · ·		
Date received (Upon filin	ng)	rs from the date of filing)	
Date received (Upon filing) Later effective date (Date 6. A copy of this Statement had 7. If recorded by the corporate	ng) e must be no more than 30 day as been mailed to the corporati ion, the change was authorized	rs from the date of filing) on (applicable when agent rec if by a resolution duly adopted	ords statement). by its board of directors.
Date received (Upon filing) Later effective date (Date 6. A copy of this Statement had 7. If recorded by the corporate	e must be no more than 30 day as been mailed to the corporation, the change was authorized clare and affirm that I have exa	rs from the date of filing) on (applicable when agent rec if by a resolution duly adopted	ords statement). by its board of directors.
Later effective date (Date 6. A copy of this Statement had 7. If recorded by the corporate Under penalty of perjury, I detail statements contained Name of the Registered Ager	e must be no more than 30 day as been mailed to the corporati ion, the change was authorized clare and affirm that I have exa herein are true and correct.	on (applicable when agent recommend these Statement of Charlet the Corporation	ords statement). by its board of directors.
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 2:14 JAN 2 9 2025

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