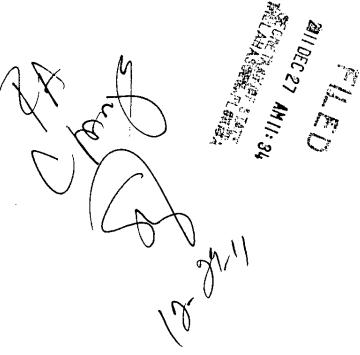
(Requestor's Name)			
(Address)	1002153239		
(Address)			
(City/State/Zip/Phone #)	12/27/1101041020		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



941

0 **35.00





direct | 214.570-0700 direct fax | 214.269.4270 beth@baalegal.com

December 21, 2011

Via CMRRR

Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Registered Agent or Both for Corporations

Dear State Representative:

Please find enclosed the following:

- 1. Two copies of the Statement of Change of Registered Office or Registered Agent or Both for Corporations.
- 2. Filing fee of \$35 with check made payable to Florida Department of State.

Please return a file stamped copy in the enclosed self addressed stamped envelope.

amstrong

Sincerely,

Beth Armstrong

Legal Assistant

Enc/

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 Nevada					
in orde	er to change its registered	d office or registered	l agent, or both, in the State	of Florida.	
	-		<u> Outreach Center (</u>	Church, Inc.	
	office address: 1602 A	Iton Road, Suite	581	 	
Miami, FL					_
3. The mailing a	nddress (if different):				
4. Date of incor	poration/qualification:	6/24/2008	Document number:	F0800000281	3
	d street address of the cur rtment of State: (If resign		t and registered office on file	with the	
	Alex Rodriguez				•••3
	4474 Weston Roa	d			
	Davie, FL 33331			企 滿	DEC 2
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or registered	l office	7 AM II: 34
	CT Corporation	System	<u> </u>		့် ့် ယ
	1200 South Pine I	sland Road P.O. Box NOT acc			***
	Plantation, Florida		серане		
The street address changed will	ess of its registered office identical.	ce and the street add	dress of the business office	of its registered age	nt,
Such change wanthorized by/t	as authorized by resolute board, or the corpora	tion duly adopted by	y its board of directors or b led in writing of the change	y an officer so	
Signate	we of an officer or director		Robert G. Tilt Printed or typed name	on, CDP	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as reg to comply with the prov id I am familiar with an ing filed merely to refle s been notified in writin	ristered agent and a visions of all statute id accept the obliga ct a change in the r ig of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, 1 i	complete performa tered agent. Or, if hereby confirm that	nce this the
Maria	nature of Registered Agent	 -	10-25-1		
If signing on be	chalf of an entity. Maria	a Ozaeta			
	Vice F	President President			
	••				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(05)

CR2E045 (8/05)