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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

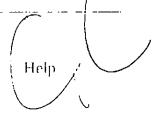
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REGISTERED AGENT CHANGE CORPORATE CHAPLAINS OF AMERICA, INC.

Certificate of Status	0
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10/3/2023 16:26:50 PDT To: 18506176380 Page: 2/2 From: Registered Agents Inc Fax: 2083526281

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

statement of cha	, unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Virginia
in orde	er to change its registered office or	registered agent, or both, in the State of Florida.
1. The name of	the corporation: CORPORATE CHA	APLAINS OF AMERICA, INC.
2. The principal	office address:	
3. The mailing a	nddress (if different):	
4. Date of incor	poration/qualification: 10/02/2017	Document number: F17000004409
	d street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	INCORP SERVICES, INC.	
	3458 LAKESHORE DRIVE	ASS. 3
	TALLAHASSEE, FL 32312	· · · · · · · · · · · · · · · · · · ·
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	
		P.O. Box NOT acceptable
	St. Petersburg FL 33702	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officer so cen notified in writing of the change.
Lam	r Griffith	Larry Griffith, President Printed in typed home and fitte
l hereby accept l further agree of my duties, an document is bei		ent and agree to act in this capacity. Ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the
\mathcal{D}	avid Roberts	10/03/2023
—— ≪ Sig	mature of degistered Agent	Date
If signing on be	chalf of an entity:	
David Roberts		
T	yped or Printed Name	

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