F97000000674

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800181019098

05/24/10--01021--007 **35.00

SECRETARY OF STATE

5 5

COVER LETTER

TO: Amendment S Division of Co	ection orporations			
SUBJECT: Market	place Ministries, Inc. (Name of Cor	poration)		
DOCUMENT NUMI	BER: F97000000674			
		Agent and fee are submitted for filing.		
	spondence concerning this matter to			
Si	abrina Tillapaugh (Name of Conta	act Person)		
N	RAI Corporate Services, Inc			
(Firm/Company)				
23	Butler Avenue			
	(Addres	55)		
_Ma	aynard, MA 01754 (City/State and	Zip Code)		
For further information concerning this matter, please call:				
Sa	,	at (978) 897.0024 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 c	check made payable to the Departm	ent of State.		
	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

statement of cha	ange is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Texas registered agent, or both, in the State of Florida.	
The name of the corporation:		Marketplace Ministries, Inc.	
	· · · · · · · · · · · · · · · · · · ·	arkway, Suite 3200, Plano, TX 75075	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/07/1997	Document number: F9700000674	
5. The name and		ered agent and registered office on file with the	
	Corporation Service Compa	any	
	1201 Hays street		10 to
	Tallahassee, FL 32301		SECTION S
6. The name and (if changed):	•	d agent (if changed) and /or registered office	STATE OF
	NRAI Services, Inc.		3.5 5.0
	2731 Executive Park Dr	· · · · · · · · · · · · · · · · · · ·	وليسا
	(P.O. Box NOT acco	eptable)	
The street addreas changed will	ess of its registered office and the s	street address of the business office of its registered a	agent,
Such change was	as authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	
(Signat	ture of an officer or director)	C. G. Maclin, Sr. VP of Field Operations (Printed or typed name and title)	<u></u>
I hereby accept I further agree of my duties, ar document is bed corporation has	t the appointment as registered age to comply with the provisions of al nod I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performe to obligation of my position as registered agent. Or, in the registered office address, I hereby confirm the lange.	mance if this at the
Juhru	ignature of Registered Agent)	05 18 10 (Date)	
If signing on be	ehalf of an entity:		
Sabrina Tilla	apaugh, Asst. Secretary		
	Typed or Printed Name)		

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

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