## NIIOOOOMUI

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ac                     | ldress)            |                 |
| (Ac                     | ldress)            |                 |
| (Ci                     | ty/State/Zip/Phone | <del>=</del> #) |
| · PICK-UP               | WAIT               | MAIL            |
| (Business Entity Name)  |                    |                 |
|                         |                    |                 |
| (Document Number)       |                    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |

Office Use Only



800212866978

10/11/11--01047--005 \*\*35.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
11 OCT 11 AM 8: 36



## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Whatever It Takes Ministries, Inc. Name of Corporation                               |
| DOCUMENT NUMBER: N 1/000006761  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Paul Speed Name of Contact Person   |
| Name of Contact Person  |
| Whatever It Takes Ministories, Juc  |
| 10222 Meadon Crossing Dr.<br>Address  |
| Tampa FL 33647 City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)                            |
| For further information concerning this matter, please call:    Paul   Heads                  |
|   |

Enclosed is a \$35.00 check made payable to the Department 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

| 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 Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.   |
|--|
| 1. The name of the corporation: Whetever It Takes Ministries, Inc.   |
| 2. The principal office address: 10222 Meadow Crossing Drive  Tampa, IL 33647  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 7-18-11 Document number: N/10000067  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  529 County Line Rd.  Lutz FL 33549   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    DAU SHEELOW Crossing Dr.   10222 Mercow Crossing Dr.   102222 Mercow Crossing Dr.   10222 Mercow Crossing Dr. |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.   |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  |
| Signature of an officer or director  Printed or types name and title Director  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  Signature of Registered Agent  Date  |
| If signing on behalf of an entity:   |
| Typed or Printed Name  |

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