

N9700 0007218

(Requestor's Name)

(Address)

P.O. Box 190636

(Address)

Surprise, FL 33319

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Church of God of Prophecy
Sunrise/Landerhill, Inc.
2. The mailing address of the corporation: P.O. Box 190636
SUNRISE FL 33319
3. Date of incorporation/qualification: Nov. 15, 2000 Document number: N97000007218
4. The name and address of the current registered agent and office:
MICHAEL SHAW
2960 NW 44 AVE LAUDERDALE LAKES FL
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): 33313
(P. O. Box Not Acceptable)
Rufus R. Rogers
315 Berenger Walk
Royal Palm Bch. FL 33414

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.

Rufus R. Rogers
(Signature of an officer, chairman or vice chairman of the board)

4/06/06
(Date)

RUFUS R. ROGERS
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Rufus R. Rogers
(Signature of Registered Agent)

4/06/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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