Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813)224-9255

Fax Number

: (813)223-9620

Bunda K. Houand - 11770.0

SECRETARY OF STATE ON THE STATE OF CORPORATION

REGISTERED AGENT CHANGE

ORAL ROBERTS UNIVERSITY, INC.

Certificate of Status	0
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11/3/2008

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https://efile.sunbiz.org/scripts/efilcovr.exe

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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.

Ι.	The name of the corporation: Oral Roberts University, Inc.
2.	The principal office address: 7777 S. Lewis Avenue, Tulsa, OK, 74171
3.	The mailing address (if different): 7777 S. Lewis Avenue, Tulsa, OK, 74171
4.	Date of incorporation/qualification:09/28/1976 Document number: 837099
5.	The name and street address of the current registered agent and registered office on file with the Florida Department of State:
	Randy K. Sterns
	220 S. Franklin Street
	Tampa, FL 33602 -
6.	The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	Bush Ross Registered Agent Services, LLC
	1801 North Highland Avenue Tampa, Florida 33602
	Tampa, Florida 33602
as	he street address of its registered office and the street address of the business office of its registered agent, a changed will be identical.
Su by	ch change was authorized by resolution duly adopted by its board of directors or by an officer so authorized, whe board or the corporation has been notified in writing of the change. David Flisworth Assistant Treasurer (Signature of an officer or director) (Printed or typed name and title)
I j of ec	hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Of, if this proment is being filed merely to reflect a change in the registered office address. I hereby confirm that the proporation has been notified in writing of this change.
	(Signature of Registered Agent) (Date)
Ιf	signing on behalf of an entity:
_(Coleste Gerris Ura Regrout (Typed or Printed Name)
	* * * FET INC FEE. \$25.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)