I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE <sup>,</sup> YOI ANDA BI ANFORD	PRESIDENT	03/25/2015		

SIGNATURE: YOLANDA BLANFORD

Electronic Signature of Signing Officer/Director Detail

Title Name Addre City-S Title Name Addre

Offic

City-State-Zip: SMYRNA GA 30080

icer/Director Detail :				
•	D	Title	DIRECTOR	
ne	BLANFORD, YOLANDA	Name	MCFARLANE, HEIDI	
ress	5863 FAIRGREEN RD	Address	1655 PALM BEACH LAKES BLVD	
-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33404	
9	D			
ne	MOORE, CHARLENE H			
ress	2350 COBB PARKWAY SE #33G			

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

## **Current Mailing Address:**

WEST PALM BEACH. FL 33417

5863 FAIRGREEN RD

DOCUMENT# N0500001826

PO BOX 22127 WEST PALM BEACH, FL 33416

**Current Principal Place of Business:** 

## FEI Number: 20-2378042

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BLANFORD, YOLANDA M 5863 FAIRGREEN RD WEST PALM BEACH, FL 33417 US

Entity Name: SECOND OPPORTUNITY MINISTRY II, INC

## FILED Mar 25, 2015 Secretary of State CC1551574872

Certificate of Status Desired: Yes

PRESIDENT

Date

Date