FEI Number: 20-4432511 Name and Address of Current Registered Agent:

PAWLAK, SAMUEL PJR 14437 HUNTCLIFF PKWY ORLANDO, FL 32824 US

DOCUMENT# N0600001840

9501 SATELLITE BLVD

ORLANDO, FL 32837

Current Mailing Address: 9501 SATELLITE BLVD

ORLANDO, FL 32837 US

STE 106

SUITE 106

Entity Name: GOD'S HOUSE ORLANDO, INC.

Current Principal Place of Business:

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	PAWLAK, SAMUEL PJR	Name	PAWLAK, SHANNON K
Address	14437 HUNTCLIFF PKWY	Address	14437 HUNTCLIFF PKWY
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	ORLANDO FL 32824
Title	D	Title	D
Name	TOWER, KEITH	Name	BROTHERS, GARY
Address	12530 ALDERSHOT LANE	Address	802 CARIBOU CT.
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	CAPE GIRARDEAU MO 63701
Title	D		
Address	2340 CHADWICK CIRCLE		
City-State-Zip:	KISSIMMEE FL 34746		
	Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	NamePAWLAK, SAMUEL PJRAddress14437 HUNTCLIFF PKWYCity-State-Zip:ORLANDO FL 32824TitleDNameTOWER, KEITHAddress12530 ALDERSHOT LANECity-State-Zip:WINDERMERE FL 34786TitleDNameHEINSCH, GREGGAddress340 CHADWICK CIRCLE	NamePAWLAK, SAMUEL PJRNameAddress14437 HUNTCLIFF PKWYAddressCity-State-Zip:ORLANDO FL 32824City-State-Zip:TitleDTitleNameTOWER, KEITHNameAddress12530 ALDERSHOT LANEAddressCity-State-Zip:WINDERMERE FL 34786City-State-Zip:TitleDState-Zip:TitleDState-Zip:City-State-Zip:JameAddressCity-State-Zip:JameState-Zip:TitleDState-Zip:TitleDState-Zip:City-State-Zip:JameState-Zip:City-State-Zip:JameState-Zip:State-State-Zip:State-State-Zip:State-St

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.

DIRECTOR

SIGNATURE: SAMUEL P PAWLAK JR

Electronic Signature of Signing Officer/Director Detail

Secretary of State CC5662696139

Date

Certificate of Status Desired: No

02/26/2015

Date