

705 257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

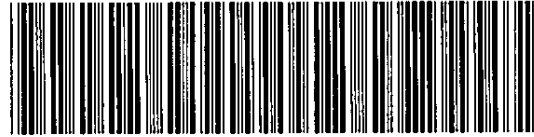
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SKY VIEW Church of Christ  
Name of Corporation

DOCUMENT NUMBER: 705251

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:

JAMES C. INGRAM  
Name of Contact Person

SKY VIEW Church of Christ  
Firm/Company

6867 2<sup>1</sup>/<sub>2</sub> St N.  
Address

ST. PETERSBURG, FL 33702  
City/State and Zip Code

JIMIJET @AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES INGRAM at ( 727 ) 743-9017  
Name of Contact Person Area Code & Daytime Telephone Number

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: SKYVIEW Church of CHRIST, Inc.
2. The principal office address: 4050 80th AVE. N. PINELLAS PARK, FL 33781
3. The mailing address (if different): P.O. BOX 3118  
PINELLAS PARK, FL 33780
4. Date of incorporation/qualification: FEB 25, 1963 Document number: 705251
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)

GEORGE LOYD  
8105 60th ST. N.  
PINELLAS PARK, FL 33780

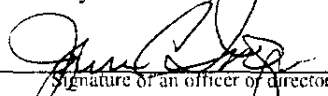
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES CARLTON INGRAM  
6867 21st ST. N.  
P.O. Box NOT acceptable  
ST. PETERSBURG, FL 33702

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TALLAHASSEE, FLORIDA

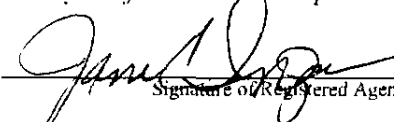
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JAMES C. INGRAM TRUSTEE/ELDER  
Printed or typed name and title

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

2-20-2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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