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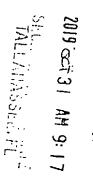
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1.11 July

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VENICE UNITED CHORCH OF CHRIST, INC., Name of Corporation
DOCUMENT NUMBER: 705525
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:
DAVID G CRAWFORD Name of Contact Person
VENICE ON TED CHORTH OF CHRIST
620 SHAUROCK BUD. Address
VENICE, FL 34293 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID G CRAWFORD at (\$10) \$45-3510 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: VENIOS ON ITS) CHURCH OF CHRIST
2. The principal office address: 6-20 SHA/(2rCk BUI).
VENICE FC 34093
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/55/63 Document number: FET 59-111119
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)
CHESTER G. HAMUN (RESIGNED) = 2
Jenice FL 34293
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DAVID G. CRAWFORD
P.O. Box NOT acceptable
VENICE, FL 34293
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.
Dia nerve Kennelte (Treasure of an officer or director 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 10/8/19
If signing on behalf of an entity:
Typed or Printed Name * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314