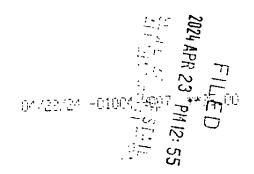


(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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800428172318



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

statement of cha	provisions of sections 607.0502, 617.0502, 6 age is submitted for a corporation organized to change its registered office or registered	l under the laws of the State of \bot	Flor	rida		
I. The name of t	ne corporation: Ridge Baptist Association	n, Inc.				
2. The principal	office address: 538 Sears Avenue NW, V	Vinter Haven, FL 33881				
-	ddress (if different):				<u>. </u>	-
4. Date of incorp	oration/qualification: 12/2/68	Document number:715639				-
5. The name and	street address of the current registered agen ment of State: (If resigned, enter resigned)			ne		
	Michael Petty					
	538 Sears Avenue NW			,	2:	
	Winter Haven, FL 33881)24 A.I	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						T M
	Christopher Young			117 	PH 12:	Ö
	538 Sears Avenue NW				12: 5	
P.O. Box NOT acceptable						
	Winter Haven, FL 33881					
The street addre as changed will	ss of its registered office and the street add be identical.	lress of the business office of its	s reg	gistered a	agent,	
Such change wa authorize a ha th	s authorized by resolution duly adopted by copoard, or the corporation has been notified	its board of directors or by an ed in writing of the change.	offi	cer so		
< ll 1		Danny Moosbrugger, Treas	sure	er		
•	e of an officer or director	Printed or typed name and titl			-	
I hereby accept I further agree t of my duties, an document is bei- corporation has	the appointment as registered agent and a ocomply with the provisions of all statutes of a land accept the obligating filed merely to reflect a change in the rebeen notified in writing of this change.	gree to act in this capacity, srelative to the proper and comition of my position as registered egistered office address, I hereb	plet Lag y co	te perfor ent. Or onfirm th	mance if this at the	
(2	93	1/ April a	<u>a</u>	24	- 51)	41/2/
If signing on be	nalf of an entity: Spher G. Young The ped or Printed Name	V Date				,

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314
CR2E045 (04/13)

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