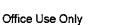
730428

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: First Presbyterian Church of Zephyrhills Name of Corporation				
DOCUMENT NUMBER: 730428				
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:				
D Anderson				
Name of Contact Person				
First Presbyterian Church of Zephyrhills				
Firm/Company				
5510 19th St.				
Address				
Zephyrhills, FL 33542				
City/State and Zip Code				
firstpcz@verizon.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
D Anderson at (813) 7827412 Name of Contact Person Area Code & Daytime Telephone Number				
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

	•	102, 607.1508, or 617.1508, Florida Statutes, this United under the laws of the State of Florida
-		stered agent, or both, in the State of Florida.
4 574	The First Preshyterian	Church of Zephyrhills, ゴッC・
		Tondicit of Zephyrmia) 4 VICI
2. The principal	l office address: 5510 19th St.	
	Zephychills FI	33542
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 4/13 74	Document number: 730428
	d street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)
	Mark Edwards	
	5510 19th St.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Zephyrhills, FL 33542	
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office
	Megan Hall	~
	5510 19th St.	•
	P,O. Box NO	PT acceptable
	Zephyrhills, FL 33542	
The street address changed will	ess of its registered office and the street l be identical.	t address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.
J		Megan Hall
I hereby accept I further agree to performance of agent. Or, if the	f my duties, and I am familiar with and a	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I
<i></i>	+	_ 01/30/2017
Sig	coature of Registered Agent	Date
If signing on be	ehalf of an entity:	
T	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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