732773

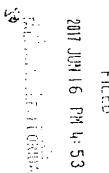
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C. GOLDEN: JUN 2 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GENERATIONS CHRISTJAN CHURCH OFTRING.
DOCUMENT NUMBER: 732773
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:
DOUG CPAIG Name of Contact Person
COENERATIONS CHRISTIAN CHURCH
1540 LITTLE RO Address
TRINITY FL34655 Chy/State and Zip Code
DOUG. CRATGOGENERATIONSCO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 3775-8361 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2017

DOUG CRAIG 1540 LITTLE ROAD TRINITY, FL 34655

SUBJECT: GENERATIONS CHRISTIAN CHURCH AT TRINITY, INC.

Ref. Number: 732773

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

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Letter Number: 317A00011230

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
1. The name of the corporation: GENERATIONS CHRISTIAN CHURCH AT 2. The principal office address: 1 RINITY, FL. INC.
1540 LITTLE RU, TRINITY, FL 34655
3. The mailing address (if different):
4. Date of incorporation/qualification: 5-15-1975 Document number: 732773
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)
ROY F. ERSKINE
1540 LITTLE RD
1540 LITTLE RD TRINITY, FL 34655 6. The name and street address of the new registered agent (if changed) and /or registered office.
(if changed):
DOUG CRAIG # 53
1540 NITTHE RO P.O. Box NOT acceptable
TRINITY, Fh 34655
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.
Folia Signature of an office of 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.
ignature of Registered Agent 5 - 23 - 17 Date
If signing on behalf of an entity:
Typed of Printed Name

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