## 749640

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

10/2/11

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

	he provisions of sections 607.0502, 61 of change is submitted for a corporation in order to change its register	on organized under the laws o	of the State of
of Florida.			,
1. The name o	of the corporation: Fair Haven Baptist Cl	hurch of Zephyrhills, Tuc.	_ <del></del>
2. The principa	al office address: 5353 5th Street		
Zephyrhills	, Florida 33542	<u> </u>	
3. The mailing	g address (if different):	-	
4. Date of inco	orporation/qualification: 11/02/1979	Document number:	749640
	nd street address of the current registers artment of State:		
	Randall C. Mobley	· -	
	37411 Phelps Road	· · · · · · · · · · · · · · · · · · ·	
	Zephyrhills, Florida 33541	- -	<del></del>
6. The name a changed):	and street address of the new registere  Dionna J. Smith	ed agent (if changed) and /or	r registered office (if
	39013 Blue Jay Avenue		
	(P.O. Box or personal mails	box NOT acceptable)	
The street add agent, as chan	ress of its registered office and the stre ged will be identical.	eet address of the business of	fice of its registered
Such change vauthorized by	vas authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors of notified in writing of the cha	or by an officer so inge.
1 / Lu	hail & brite	President (Printed or typed name and to	<del></del>
I hereby accep I further agree performance o registered age	er, chairmap of vice chairman of the board)  of the appointment as registered agent  e to comply with the provisions of all s  of my duties, and I am familiar with an  ont. Or, if this document is being filed  I hereby confirm that the corporation	and agree to act in this capa tatutes relative to the proper ad accept the obligation of my merely to reflect a change in	city. and complete position as the registered
Dion	na Smith	=1/22/02	3
If signing on beha	(Signature of Registered Agent) alf of an entity:	(Date)	02 DEC SECRETA
	(Typed or Printed Name)	(Capacity)	SSR 4
	* * * FILING FE	E: \$35.00 * * *	
	Make checks payable to Florida Depa Division of Corporations, P.O. Box 6		SIAIR SIAIR