

750881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

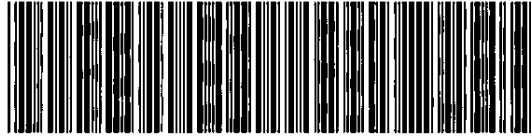
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB: 5/27/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHURCH OF SCIENTOLOGY OF TAMPA INC
Name of Corporation

DOCUMENT NUMBER: 750881

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:

ANA TIRABASSI
Name of Contact Person

CHURCH OF SCIENTOLOGY OF TAMPA
Firm/Company

3102 N. HABANA AVE
Address

TAMPA, FL 33607
City/State and Zip Code

CHURCH-SCIENTOLOGY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA TIRABASSI at (813) 872-0722
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: CHURCH OF SCIENTOLOGY OF TAMPA, INC.
2. The principal office address: 3102 N. HABANA AVE - TAMPA, FLORIDA
33607
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: JAN 31, 80 Document number: 750881

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)

PAUL B JOHNSON

112 MAGNOLIA AVE

TAMPA, FL 33606

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LAWRENCE E FUENTES

1407 W. ~~BUSCH~~ BLVD

P.O. Box NOT acceptable

TAMPA, FL 33612

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.

[Signature]
Signature of an officer or director

ANA TIRABASSI - DIRECTOR / SECRETARY
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]
Signature of Registered Agent

May 13, 2009
Date

If signing on behalf of an entity:

Lawrence E. Fuentes
Typed or Printed Name

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