## 75/6/4

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
SALLAHASSEE, FI MAIE

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: SUNCOAST CHRISTIAN HOUSING, INC. (Name of Corporation)						
DOCUMENT NUMBER: 751614						
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:						
JILL PROBST						
(Name of Contact Person)						
NATIONAL SERVICE INFORMATION, INC (Firm/Company)						
(Find/Company)						
145 BAKER ST						
(Address)						
MARION OHIO 43302 (City/State and Zip Code)						
· •						
For further information concerning this matter, please call:						
JILL PROBST at (740 ) 387-6806 (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

statement of char	provisions of sections 607.0502 nge is submitted for a corporati to change its registered office	ion organized under the laws o	f the State of FL	<del></del>		
1. The name of the corporation: SUNCOAST CHRISTIAN HOUSING, INC.						
	office address: 1000 BURLIN	GTON AVE, N			-	
	ddress (if different): SAME				_ _	
4. Date of incorp	poration/qualification: 02/19/1	980 Document num	nber: 751614	· · · · · · · · · · · · · · · · · · ·	<b>-</b>	
	d street address of the current retiment of State;	gistered agent and registered o	ffice on file with the	, and		
	THE PRENTICE-HAL	L CORPORATION SYS	STEM INC.		80	
	1201 HAYS STREET	SUITE 105		発言	JAN 2	ज्याः
	TALLAHASSEE FL 3	32301		SSEE	29 P	FILED
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /o	or registered office	F STATE FLORID	PH 12: 10	_
	NRAI Services, Inc.			<b>&gt;</b>	س.	
	2731 Executive Par					
	Weston, FL 3333	OT acceptable)				
The street addr	ress of its registered office and	the street address of the busin	ness office of its registered	d agent,		
Such change wanthorized by	vas authorized by resolution di the beard, or the corporation h	uly adopted by its board of dir as been notified in writing of	rectors or by an officer so the change.	•	-	
Xame (Sign	Dorr Juseden	of David	T. Barr - f	Dres1		η+
I hereby accept I further agree of my duties, a document is be corporation he	t the appointment as registere to comply with the provision and I am familiar with and acc eing filed merely to reflect a c as been notified in writing of t	ed agent and agree to act in the s of all statutes relative to the ept the obligation of my posit hange in the registered office his change	nis capacity. proper and complete perf ion as registered agent. C address, I hereby confirm	ormance )r, if this that the		
Jui .	Alder Asst. Signature of Registered Agent)	Secretary	1-23-08			
0	pehalf of an entity:		(Date)			
JILL PRO	·					
	(Typed or Printed Name)	<del></del>				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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