

768779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Trinity Lutheran Church Inc.  
Name of Corporation

DOCUMENT NUMBER: 768779

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:

ROBERT L. FUERSTENAU  
Name of Contact Person

Trinity Lutheran Church  
Firm/Company

P.O. Box 940  
Address

Crawfordville, FL 32326 09  
City/State and Zip Code

rfuerstenu@bell.south.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. FUERSTENAU at ( 561 ) 251-1547  
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: Trinity Lutheran Church Inc.
2. The principal office address: 3254 Coastal Highway  
Crawfordville, FL 32326
3. The mailing address (if different): P.O. Box 940  
Crawfordville, FL 32326-09
4. Date of incorporation/qualification: 06/06/1983 Document number: 768779
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)

Phillip Miller (resigned)  
22 Hammack Trace  
Crawfordville, FL 32327

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

ROBERT L. FUERSTENDAU  
23 SARAH CT.  
P.O. Box NOT acceptable  
CRAWFORDVILLE, FL. 32327

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.

Robert L. Fuerstendau  
Signature of an officer or director

ROBERT L. FUERSTENDAU / PRESIDENT  
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.*

Robert L. Fuerstendau  
Signature of Registered Agent

5/4/2015  
Date

If signing on behalf of an entity:

ROBERT L. FUERSTENDAU  
Typed or Printed Name

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

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