## 169019

(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:





700328051557

04/22/19--01014--013 \*\*35.00

2019 (CT 10 AN 10: 09

RARDICHS

JUN 1 1 2019
I ALBRITTON

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Tri S	State Christian Fellowship, Inc.
SUBJECT:	Name of Corporation
DOCUMENT NUN	ивек: 7690919

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:

## Name of Contact Person Tri State Christian Fellowship, Inc. Firm/Company 100 Christian Camp Road Address Defuniak Springs FL 32433 City/State and Zip Code summerskd@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Summers	850 at (	643-7128
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



May 6, 2019

KEITH SUMMERS 100 CHRISTIAN CAMP ROAD DEFUNIAK SPRINGS, FL 32433

SUBJECT: TRI-STATE CHRISTIAN FELLOWSHIP, INC.

Ref. Number: 769019

We have received your document for TRI-STATE CHRISTIAN FELLOWSHIP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer of the corporation must sign the form along with the new registered agent in the spaces provided or file an amendment to update the officer/director information as this form changes only the registerd agent information.

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.

Irene Albritton Regulatory Specialist II

## 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.
. The name of the corporation: Tri State Christian Fellowship, Inc.  2. The principal office address: 100 Christian Camp Road
Defuniak Springs, FL 32433  3. The mailing address (if different):
Document number: 769019
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)
Keith Summers
11594 NW Summers Road
11594 NW Summers Road  Bristol, FL 32321
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  John Dixon, Secretary
John Dixon, Secretary
5354 County Road 2
P.O. Box NOT acceptable  Laurel Hill, FL 32567
The street address of its registered office and the street address of the business office of its registered agent, is 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.
Keith Summers, Treasurer
*Signature of an officer or director Printed or typed name and title  hereby accept the appointment as registered agent and agree to act in this capacity.  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  thereby confirm that the corporation has been notified in writing of this change.
5/28/19
Signature of Registered Agent Date
f signing on behalf of an entity:
Typed or Printed Name

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