Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

REFORMED THEOLOGICAL SEMINARY, INCORPORATED

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Electronic Filing Menu

Corporate Filing Menu

Help

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 MS
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The manne of the corporation: REFORMED THEOLOGICAL SEMINARY, INCORPORATED
2. The principal office address: 5422 Clinton Blvd., Jackson, MS - 39209
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/04/1981 Document number: 850922
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JAMES, FRANK A III
1231 REFORMATION DR OVIEDO FL 32765 US
REFORMED THEOLOGICAL SEMINARY
REFORMED THEOLOGICAL SEMINARY 6. The name and street address of the new registered agent (if changed) and /or registered office(F) (if changed):
C T Corporation System 1200 South Pine Island Road 1200 South Pine Island Road
(P.O. Box NOT acceptable) Plantation, FL 33324
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 of segmes or precion) Band Tis Dane CFO
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.
If signing on behalf of an entity:
Kimberly Breunling
* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FLODA - 02/25/2008 C T System Online

CR2E045 (8/05)