F02000002099

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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2022 JUN -9 AM II: 54 SECRETARY OF STA

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI Name	ECT: The Voice of the Martyrs, Inc. of Corporation	
DOCU	JMENT NUMBER: F02000002099	
The en	iclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	is matter to the following:
Dan Be	-···· ·	
Name	of Contact Person	
Beirme	: Law	
Firm/C	Company	
9315 S	. Toledo Ave., Ste. B	
Addres	SS	
Tulsa/0	OK 74137	
City/St	tate and Zip Code	
	dan@uschurchlaw.com	
E-mai	l address: (to be used for future annua	al report notification)
For fur	ther information concerning this matter,	please call:
Evan S	ihaw	314 918 392-1956
	Name of Contact Person	at (918) 392-1956 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•		17.0502, 607.1508, or 617.1508, Florida Stat Forganized under the laws of the State of <mark>Okl</mark>	
in orde	r to change its registered office or	registered agent, or both, in the State of Flor	ida.
1. The name of t	the corporation: The Voice of the A	fartyrs, Inc.	
2. The principal	office address: 1815 SE Bison Bart	lesville, OK 74006	
4. Date of incorp	poration/qualification: 04/22/2002	Document number: F020000020	99
	I street address of the current regis timent of State: (If resigned, enter i	tered agent and registered office on file with tresigned)	he
	Darcie Gill		
	7254 Cooper Prairie Rd., Keystone	Heights, FL 32656	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	
	Corporation Service Company		量量可
1201 Hays St., Tallahassee, Fl. 32301			
		P O Box NOT acceptable	FILL F.D.
The street addre	ess of its registered office and the be identical.	street address of the business office of its re	
Such change wa authorized by the	es authorized by resolution duly a se board, or the corporation has b	dopted by its board of directors or by an off een notified in writing of the change.	icer so
<u> </u>		Corey Odden	
// `	re of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is bei	to comply with the provisions of a	ent and agree to act in this capacity, all statutes relative to the proper and comple he obligation of my position as registered a e in the registered office address. I hereby c hange.	ete performance gent. Or, if this onfirm that the
		May 30, 2022	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
The Voice of the			
Ty	sped or Printed Nume	NC PPP, 615 00 4 4 4	
		NG FEE: \$35.00 * * *	
M/ CR2E045 (04/13)		TO FLORIDA DEPARTMENT OF STATE ONS. P.O. BOX 6327, TALLAHASSEE, FL 323	14