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· (Re	questor's Name)						
(Ad	dress)						
(Ad	dress)						
(City/State/Zip/Phone #)							
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06/05/03--01025--008 **35.00

TRANSMITTAL LETTER

SUBJECT: FUNDS for LIFE MINISTRIES INC. (Name of corporation)
DOCUMENT NUMBER:
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:
DONALD LEVERETT (Name of person)
Funds for Life Ministries, Inc. (Name of firm/company)
2601 Ridgman Plaza, Ste 10 (Address)
Frat Worth, 1/2 76116 (City/state and zip code)
For further information concerning this matter, please call:
Donald Levenett at (800) 788-1223 (Name of person) (Area code & daytime telephone number)
To the state of th

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
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the	•							
this statement of	•	•	-	σ.	•		•	
TEX45	in order to	change ii	ts register	ed office (or registered	d agent, or i	both, in t	he State
<i>of Florida</i> . 1. The name of the state of t	. — .	Eur		Cier B	11.015-12	IES THE	• .	
1. The name of the	ne corporation:	runo	3 FOR	LIFE V			. <i>-</i>	
2. The principal of	office address:	2601	RIDE	SMAR	PLAZA	1, Sui	TE 10)
		FORT	Wor	H, Tx	76116		ALL	2003
3. The mailing ac	ldress (if differer						W = 1	J
J	`	,		<u> </u>	-		ပ္က နဲ့	-5
4. Date of incorp	oration/qualifica	tion: MA	RCH 19.	1984	Document r	umhar	£. €.	- P
	•						in a	~~
5. The name and		the currer	nt registere	ed agent a	nd registered	d office on f	ile with the	he Cr
Florida Depart		1	۲ مرزر				→	
-	Lloya				-		-	
, 	31 R	EDBA9	Cou	rr W	EST	• ,	-	
_	31 Re Homo	SA 55 A	<i></i>	LORIDA	A 344	146	_	
6. The name and changed):	d street address		_	ed agent (if changed)	and /or reg	dstered o	ffice (if
- · · · -	11211 -	Sou 14	Min	LITARG	PRAIDA	/ ⊭1z 334.	- 11 36	er er
The street address agent, as change	ss of its registere	d office a						gistered
Such change was authorized by the Signature of an officer,	s authorized by reboard, or the co	esolution orporation				rectors or by f the change UER ET name and title)		
I hereby accept if further agree to performance of registered agent office address, I	the appointment to coniply with the ny duties, and I Or fithis doci herdby confirm mature of Registered Ag	as registe e provisio am familia ment is b that the co	red accent	and agre- tatutes re- ad accept to merely to thas been	e to act in ti	his capacity, proper and on of my pos ange in the writing of ti		
If signing on behalf	or an enuty:		· -		(Can	acity)		

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