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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BUSINESS FILINGS

Account Number: 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

## REGISTERED AGENT CHANGE

CHRISTIAN FINANCIAL MINISTRIES, INC.

Certificate of Status Certified Copy 0 Page Count 02 \$35.00 Estimated Charge

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of	
California	in order to change its registered office or registered agent, or both, in the State	
of Florida.	Christian Sinancial Ministriae Inc	
	f the corporation: Christian Financial Ministries, Inc.	
2. The principa	al office address: 302 Old Clay St., Marietta, GA 30060	
3. The mailing	address (if different):	
4. Date of inco	prporation/qualification: 10/24/2005 Document number: F05000006176	
	nd street address of the current registered agent and registered office on file with the artment of State:  NRAI SERVICES, INC.	47
	NRAI SERVICES, INC.	
	2731 EXECUTIVE PARK DRIVE, SUITE 4	[
	WESTON FL 33331	1
	and street address of the new registered agent (if changed) and /or registered office if	4
changed):	Business Filings Incorporated 39	
	1203 Governors Square Blvd, Suite 101	
•	(P.O. Box or personal mailbox NOT acceptable)	
	Tallahassee, FL 32301-2960	
The street add	ress of its registered office and the street address of the business office of its registered ged will be identical.	
Such change wanthorized by	yas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	Robert B. Louder, President  (Printed or typed name and title)	
I hereby accep I further agree performance o registered age office address,	t the appointment as registered agent and agree to act in this capacity.  It the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as in. Or, if this document is being filed merely to reflect a change in the registered. I hereby confirm that the corporation has been notified in writing of this change.	
M	12/11/08	
·	(Signature of Registered Agent) (Date)	
If signing on beha	•	
Mark Williams	AVP	
	(Typed or Printed Name) (Capacity)  * * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Fax cudit #4000002720013