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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Gordon-Conwell Theological Se Name of Corporation	eminary
DOCUMENT NUMBER: F06000003953	
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:
Jay Trewern	
Name of Contact Person	
Gordon-Conwell Theological Seminary	
Firm/Company	
130 Essex Street	
Address	
S. Hamilton, MA 01982	
City/State and Zip Code	
dsmith@gordonco	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	lease call:
Jay Trewern	at (978) 646-4035
Name of Contact Person	at (978) 646-4035 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the l	Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
A MARKET DOOL AT	Tallahassee, FL 32303

CR2E045 (04/13)

TATEMENT OF CHANGE OF REGISTERED OFFICE O REGISTE ED AGENT O BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Sta ion organized under the laws of the State of or registered agent, or both, in the State of Flor	vlass.
1. The name of t	CORROLLO	NWELL THEOLOGICAL SEMINARY, INC.	THE .
2. The principal		t., South Hamilton, MA 01982	
3. The mailing a	ddress (if different): (same)		
4. Date of incorp	oration/qualification: 06	8/05/2006 Document number: F06000003	953
	street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file with t er resigned)	he
	Ryan Reeves, Resigned		
7235 Bonneval Road			2020 SEP 23 SECRETAR)
	Jacksonville, FL 32256		SEP RETA
6. The name and (if changed):	street address of the new regist	ered agent (if changed) and /or registered office	AM SSEE
	CT Corporation		9: 0 FL
	1200 South Pine Island	d Road	E .
		P.O. Box NOT acceptable	
,	Plantation, FL 33324		
The street address as changed will	s of its registered office and the identical.	ne street address of the business office of its re-	gistered agent,
Such change was authorized by the	authorized by resolution duly board, or the corporation has	adopted by its board of directors or by an offi been notified in writing of the change.	cer so
<i>\</i> }		Jay Trewern	
- 5-1	n) an officer of director	Printed or typed name and title	
l hereby accept to I further agrée to of my duties, and document is bein corporation has l	he appointment as registered a comply with the provisions of I am familiar with and accept g filed merely to reflect a chan been notified in writing of this	igent and agree to act in this capacity, all statutes relative to the proper and complet the obligation of my position as registered ag ige in the registered office address, I hereby co change.	te performance ent. Or, if this infirm that the
	CHARINIACAN	9 11 2020	
Signa	ture of Registered Agent	9.11.2020 Date	
f signing on beh	alf of an entity:		
	Christine Ketm Assistant Secretary		
Тур	ed or Printed Name	_	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)