(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE						
SEP - 4 2024						

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.		TONNO	.000195				
		ACCOUNT NO.	•	120000	000173				
		REFERENCE	:	564469	8455759				
		AUTHORIZATION	:		Charles Co	<i>i</i> ',			
		COST LIMIT	:	\$ 35.0	0 /				
ORDER D	ATE :	July 26, 2024							
ORDER T	IME :	3:06 PM							
ORDER N	0. :	564469-001							
CUSTOME	R NO:	8455759							
CHANGE OF AGENT									
NAME: CHURCH COMMUNITIES INTERNATIONAL									
PLEASE	RETURN	THE FOLLOWING AS	PRO	OOF OF	FILING:				

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	ized under the lav	vs of the State of <u></u>	<b>1</b> Y	s	
	he corporation: CHURCH COMMUNITIE	Ç.	•	онаа.		
	office address: 101 New Meadow Run D					_
3. The mailing a	ddress (if different):					<b>-</b>
4. Date of incorp	poration/qualification: 09/10/2007	Document r	number:F070000	04529	_	_
	street address of the current registered at tment of State: (If resigned, enter resigne		d office on file wit	h the		
	UNITED CORPORATE SERVICES, IN	NC.				
	3458 LAKESHORE DRIVE					
	TALLAHASSEE	FL	32312			
6. The name and (if changed):	street address of the new registered agen	nt (if changed) and	d /or registered offi	ce		
	1201 Hays Street			. • 6	<b>2</b> 024	
		NO l'acceptable		•	SEF	n.
	Tallahassee	FL	32301		ည်	=
The street addre as changed will	ss of its registered office and the street a be identical.	address of the bu	siness office of its	registered	i <del>ay</del> eni	Ü,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of daified in writing o	lirectors or by an of the change.	officer so	8: 35	
/s/ Helga Maso		Helga Mason		Secretary	y/Treas	surer
I hereby accept i I further agree to of my duties, and document is bein corporation has	e of an officer or director  the appointment as registered agent and o comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change. I Service Company	l agree to act in t	ed or typed name and tul- this capacity. e proper and comp ition as registered e address, I hereby		rmana r, if th that th	ce is e
n V	3/1	08/02/2024				
Sign	nature of Registered Agent		Date		_	
If signing on bel	nalf of an entity:					
	Y, ASST. VICE PRESIDENT					
Ty	ped or Printed Name * * * FILING FE	E: \$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)