## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Phone

Fax Number : (850)558-1575

## REGISTERED AGENT CHANGE

## BETHESDA MINISTRIES, INC.

Certificate of Status	0
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11/4/2009 5:02:59 PM PAGE

2/002 Fax Server

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR CORPORATIONS	OR BO	НТС	
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute statement of change is submitted for a corporation organized under the laws of the State of Nebrum in order to change its registered office or registered agent; or both, in the State of Florida	aska		
1. The name of the corporation: BETHESDA MINISTRIES, INC.			
2. The principal office address: 15475 Gleneagle Drive, Colorado Springs, CO 80	921		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 04/14/2008 Document number: F08000001	658		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
C T Corporation System			
1200 S. Pine Island Road			
Plantation, FL 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company		09 NOV -5	e de la composition della comp
1201 Hays Street	25	တ်၊	Į,
(P.O. Box NOT acceptable)	10. 10.	至	
Tallahassee, FL 32301	ာ ည - ဟ	<del></del>	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	stored a	ent,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so		
(Signature of an officer or director)  Maureen Cullen, Attorney In (Printed or typed name and title)	Fact		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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 registered ager document is being filed merely to reflect a change in the registered office address, I hereby concorporation has been notified in writing of this change.  Corporation Service Company	perform nt. Or, ifirm tha	nance if this at the	
By: Mchelle Registered Agent)  October 30, 2009  (Date)			
If signing on behalf of an entity:			
Michelle R. Vannoy, Asst. VP			
(Typed or Printed Name)			

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

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

CR2E045 (8/05)