Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE BETHESDA MINISTRIES, INC.

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Estimated Charge	\$35.00

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Corporate Filing Menu

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6/26/2015

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

		617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Nebraska	_
		r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BETHESDA MIN	ISTRIES, INC.	
	office address:BAGLE DR COLORADO SPRINC		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/14/2008	Document number: F08000001658	
	I street address of the current regi tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	(PANY	
	1201 HAYS STREET TALLAHA	SSEB, FL 32301-2525	
			15
6. The name and (if changed):	i street address of the new registe	red agent (if changed) and /or registered office	JUN 26
	C T Corporation System	·	P
	c/o C T Corporation System, 1200	South Pine Island Road	: ::
	P.O. Plantation, Florida 33324	Box NOT exemptable	: Ļ0
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered ag	ent,
Such change we authorized by	as authorized by resolution duly ne board, or the corporation has i	adopted by its board of directors or by an officer so occin notified in writing of the change.	
	Duis Bell	Denise Bell Vice President	
	re of an officer or director	Printed or typed name and title	_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar wit is document is being filed merel; that the corporation has been ne	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I officed in writing of this change.	
By: Scud	a Saufe	6/24/15	_
Sig	AND A CONTROL OF A	L/216	
	einde Stauffer		
	sistant Secretary	-	
-	Shan de titure taure		

* * * 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 (03/12)