| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ac | ldress) | | | |
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| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nan | ne) | | |
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| Special Instructions to Filing Officer: | | | | |
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CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 109202 8084451

AUTHORIZATION : Superbolement

COST LIMIT : \$435,00

ORDER DATE : April 19, 2016

ORDER TIME : 9:06 AM

ORDER NO. : 109202-010

CUSTOMER NO: 8084451

CHANGE OF AGENT

NAME: GMF-PRESERVATION OF AFFORDABILITY CORP

EXAMINER'S INITIALS:

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|--------|---|--|--|--|--|
| SUBJ | GMF-Preservation of Affordability Corp. | | | | |
| | Name of Corporation | | | | |
| DOC | F11000004707 JMENT NUMBER: | | | | |
| The er | iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | |
| | Natalie Metcalf | | | | |
| | Name of Contact Person | | | | |
| | Global Ministries Foundation | | | | |
| | Firm/Company | | | | |
| | 65 Germantown Court, Suite 409 | | | | |
| | Address | | | | |
| | Cordova, TN 38018 | | | | |
| | City/State and Zip Code | | | | |
| | nmetcalf@gmfonline.org | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |
| For fu | rther information concerning this matter, please call: | | | | |
| | Name of Contact Person at () Area Code & Daytime Telephone Number | | | | |
| Enclo | sed is a \$35.00 check made payable to the Department of State. | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

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

| statement of cha | nge is submitted for a corpora | 02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attornorganized under the laws of the State of TN | |
|---|---|--|------|
| in orde | r to change its registered offic | e or registered agent, or both, in the State of Florida. | |
| 1. The name of t | he corporation: GMF-PRESE | RVATION OF AFFORDABILITY CORP. | |
| 2. The principal | office address: 65 GERMANT | OWN CT SUITE 409 CORDOVA, TN 38018 | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | ooration/qualification: 11-23-2 | 2011 Document number: F11000004707 | |
| 5. The name and | | registered agent and registered office on file with the | |
| | MCDONOUGH, BRIAN J | | |
| | 150 W FLAGLER ST SUITE | 2200 | |
| | MIAMI, FL 33130 | | र्क |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | |
| | Corporation Service Compar | ny Salah | 22 A |
| | 1201 Hays Street | | H 9: |
| | | P.O Box NOT acceptable FL 32301 | : 59 |
| | Tallahassee | アピ 32301 | • |
| The street addre as changed will | ss of its registered office and be identical. | the street address of the business office of its registered agent, | |
| Such change wa authorized by th | s authorized by resolution du e board, or the corporation ha | ly adopted by its board of directors or by an officer so as been notified in writing of the change. | |
| nata | le Metal | Natalie Metcalf, Corporate Secret | an |
| I hereby accept I further agree to berformance of agent. Or, if the bereby confirm Corporatio | the appointment as registered o comply with the provisions into duties, and I am familiants to document is being filed mentiat the corporation has keen a Service Company | d agent and agree to act in this capacity. of all statutes relative to the proper and complete, with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I i notified in writing of this change. | ì |
| Ву: (| inture of Registered Agent | 04. 22.16 Date | |
| If signing on be | balf of an entity: Courtney Williams St. Vice President Ped 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 (03/12)