## F12000000 518

(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:				

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## **COVER LETTER**

TO:	Amendment Section		4
	Division of Corporations	· ·	
		T.	A Maria
CHD	JECT: CRAIG DEBOWER MINISTRIES, INC	2	
Sub- Name	of Corporation		10 Jan.
DOC	UMENT NUMBER: f12000000578		
	enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.	
Pleas	e return all correspondence concerning this matter t	to the following:	
Craig	W DeBower		
Name	e of Contact Person		
Craig	DeBower Ministries, Inc.		
Firm	Company		
2020	Woodleaf Hammock CT		
Addr	ess	<del></del>	
Brade	enton, FL 34211		
City/	State and Zip Code	<del></del>	
	cwdebower@gmail.com		
E-ma	ail address: (to be used for future annual report	notification)	
For f	urther information concerning this matter, please ca	ill:	
Crai	g W DeBower	at (724 ) 612-6088 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Numb	er
Enclo	osed is a \$35.00 check made payable to the Departn	ment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

"A meanwant of chan	as is submitted for a cornoration	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.		
1. The name of the corporation:  Craig DeBower Ministries, Inc  2. The principal office address:  2020 Woodleaf Hammock Ct, Bradenton, FL 34211				
3. The mailing ad	dress (if different):	E1200000578		
4. Date of incorpo	oration/qualification: 2012	Document number: F12000000578		
5 The name and	street address of the current regis ment of State: (If resigned, enter	stered agent and registered office on the with the		
	Craig W DeBower			
	6638 Copper Ridge Trail	三		
	University Park, FL 34201	0		
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered office		
	Craig W DeBower			
	2020 Woodleaf Hammock Ct			
	P.O. Box NOT acceptable			
	Bradenton, FL 34211			
The street addre	ess of its registered office and the	e street address of the business office of its registered agent,		
authorized by the	ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.		
( ) and		Craig W DeBower, President Printed or typed name and title		
I hereby accept I further agree of my duties, ar	the appointment as registered a to comply with the provisions o and I am familiar with and accep ing filed merely to reflect a char s been notified in writing of this	agent and agree to act in this capacity. fall statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this age in the registered office address. I hereby confirm that the		
	1.0.8.	January 4, 2020		
P	gnature of Registered Agent	Date		
lf signing on b	ehalf of an entity:			
Craig W DeBoy				
	Typed or Printed Name			

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