

F12000005099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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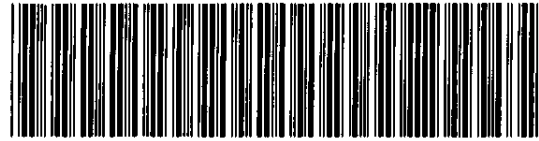
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUN 23 2016

C McNAIR

Shannon Rosner

Requester's Name

1882 Capital Circle NE

Address

TLH, FL 850-510-4415

City/State/Zip

Phone

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
16 JUN 22 AM 10:01

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
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(Corporation Name) (Document #)
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**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 JUN 22 AM 10: 01

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRIGHTER DAY INTERNATIONAL MINISTRIES INC  
Name of Corporation

**DOCUMENT NUMBER:** F12000005099

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SHANNON ROSIER**

Name of Contact Person

**ROSIER & COMPANY**

Firm/Company

**PO BOX 16375**

Address

**TALLAHASSEE, FL 32317**

City/State and Zip Code

**shannon@rosierco.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SHANNON ROSIER** at ( **850** ) **877-6362**  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of GEORGIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BRIGHTER DAY INTERNATIONAL MINISTRIES INC
2. The principal office address: 1726 MAHAN DRIVE  
TALLAHASSEE, FL 32308
3. The mailing address (if different): 3764 RIDGEMERE DRIVE, VALDOSTA, GA 31605
4. Date of incorporation/qualification: 12/20/2012 Document number: F12000005099

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KENNETH ROSIER (RESIGNED)

1726 MAHAN DRIVE

TALLAHASSEE, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHANNON ROSIER

1882 CAPITAL CIRCLE NE, STE 102


P.O. Box NOT acceptable

TALLAHASSEE, FL 32308

16 JUN 22 AM 10:04  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

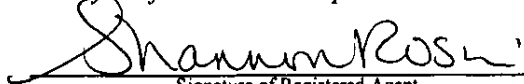
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

KENNETH ROSIER - President/Director  
Printed or typed name and title

*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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

6/22/2016  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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