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TO: Amendment Section Division of Corporations

SUBJECT: Cody Byrns Ministries, Inc.

Name of Corporation

F16000003655

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:

Jeffery Risinger

Name of Contact Person

Jeffery B Risinger, Attorney at Law

Firm/Company

600 E. Carmel Drive, Suite 112

Address

Carmel, IN 46032

City/State and Zip Code

ibrfinlaw@aol.com

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

For further information concerning this matter, please call:

Jeffery Risinger

IN SEP 13 MILLIO

Name of Contact Person

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 Indiana	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Cody Byrns Ministries, Inc.	
2. The principal office address: 13209 Fox Way Trail, Riverview FL 33579 (by a separate submission em	naile
9/6/2018, we have requested the address be changed to: 100 S. Ashley Drive, Suite 600, Tampa FL 3	
3. The mailing address (if different): P.O. Box 809, Brandon FL 33509	
4. Date of incorporation/qualification: 8/15/2016 Document number: F16000003655	
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)	
Cody Byrns	
13209 Fox Way Trail	
Riverview FL 33579	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): REGISTERED AGENTS INC. 3030 N. Rocky Point Drive, STE 150A P.O. Box NOT acceptable Tampa, FL 33607	1 2 2
REGISTERED AGENTS INC.	7. A.
3030 N. Rocky Point Drive, STE 150A	श्रीज्ञ: •
P.O. Box NOT acceptable	3. m*:
Tampa, FL 33607	
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.	t.
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.	
Cody Byrns	
Signature of an office of 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.	
Pill 9/6/2018	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Bill Havre/Assistant Secretary Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	