	Law Offices of ley Munroe, P.A.	TALLOR 24 PH
City/Stat	-	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMBER(S), (if k	nown):
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Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time       Certifi         Will wait       Photocopy       Certifi         AMENDMENTS       Amendment         Amendment       Resignation of R.A., Officer/Director         Change of Registered Agent       Change of Registered Agent	ed Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time       Certifi         Will wait       Photocopy       Certifi         AMENDMENTS       Certifi         Amendment       Amendment         Resignation of R.A., Officer/Director       Change of Registered Agent         Dissolution/Withdrawal       Dissolution/Withdrawal	ed Copy
Walk in Mail out NEW IFILINGS Profit NonProfit Limited Liability	Pick up time       Certifi         Will wait       Photocopy       Certifi         AMENDMENTS       Amendment         Amendment       Resignation of R.A., Officer/Director         Change of Registered Agent       Change of Registered Agent	ed Copy
Walk in Mail out NEW IFILINGS Profit NonProfit Limited Liability	Pick up time Certifi   Will wait Photocopy   AMIENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger	ed Copy
Walk in   Mail out     NEW FILINGS   Profit   NonProfit   Limited Liability   Domestication   Other	Pick up time Certifi   Will wait Photocopy   AMIENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger	ed Copy cate of Status
Walk in   Mail out   NEW FILINGS   Profit   NonProfit   Limited Liability   Domestication   Other	Pick up time Certifi   Will wait Photocopy   AMIENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger	ed Copy cate of Status
Walk in   Mail out   NEW IFILINGS   Profit   NonProfit   Limited Liability   Domestication   Other     OTHER FILINGS   Annual Report	Pick up time Certifi   Will wait Photocopy   AMENDMENTS Certifi   Amendment Certifi   Resignation of R.A., Officer/Director Change of Registered Agent   Dissolution/Withdrawal Merger     REGISTRATION/ VS   Foreign Limited Partnership	ed Copy
Walk in   Mail out   NEW FILINGS   Profit   NonProfit   Limited Liability   Domestication   Other     OTHER FILINGS   Annual Report   Fictitious Name	Pick up time Certifi   Will wait Photocopy   AMIENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger	ed Copy cate of Status

Florida Department of State, Jim Smith, Secretary of State

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

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1a. The name of the corporation is: \_\_\_\_\_THE SAINTS PRISON MINISTRY, INC.

1b. The mailing address of the corporation is: P.O. Box 681 Moorestown, NJ 080

1c. Date of incorporation: May 10, 1995 \_ Document number: F95000002303

2. The name and address of the current registered agent and office:

Akerman, Senterfitt & Eidson, P.A.

216 South Monroe Street, Suite 200

Tallahassee, FL 32301

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

<u>W. Bradley Munroe, Esquire</u>

<u>239 E. Virginia Street</u>

Tallahassee, FL 32301 (

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.

(Date)

(Signature of an officer, chairman or vice chairman of the board) Vice Voesilat JEms (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointmentas 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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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