To: Subject:

## Horida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

-6 MM 9: 48

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## REGISTERED AGENT CHANGE

 $^{\circ}_{\Xi}$ THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Prostume to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this state   | ement of                         |
|--|----------------------------------|
| change is submitted for a corporation organized under the laws of the State of Colorado  | _ in order                       |
| to change its registered office or registered agent, or both, in the State of Florida.   |                                  |
| 1. The name of the corporation: THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.  |                                  |
| 2. The principal office address: 8595 Explorer Drive, Colorado Springs, CO 80920   |                                  |
| 3. The mailing address (if different): PO Box 35000, Colorado Springs, CO 80935-3500   |                                  |
| 4. Date of incorporation/qualification: 08/30/1995 Document number: F95000004202   |                                  |
| 5. The name and street address of the current registered agent and registered office on file with the Flonda Department of State:  |                                  |
| C T CORPORATION SYSTEM   |                                  |
| 1200 SOUTH PINE ISLAND ROAD  |                                  |
| PLANTATION FL 33324  |                                  |
| 6. The name and street address of the new registered agent (if changed) and for registered office<br>(if changed);   |                                  |
| NRAI Services, Inc.  |                                  |
| 526 E. Park Avenue   |                                  |
| (P.O. Rox or personal mailbox NOT acceptable)  |                                  |
| Tallahassee, FL 32301  |                                  |
| The street address of its registered office and the street address of the business office of its registered age: changed will be identical.  | п <b>т, а</b> ş                  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized the board, or the corporation has been notified in writing of the change.   | rized by                         |
| Duane A. Wheeland, Treasurer (Signature of an officer or 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 performate duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this do their filed merely to reflect a change in the registered office address, I hereby confirm that the corporate been notified in writing of this change.  NRA Services, Inc. | nce of my<br>cument is<br>on has |
| by: \(\(\frac{1}{909}\)  |                                  |
| (Signature of Registered Agent)  Michael Mirirone-Assi. Secretary  |                                  |
| If signing on behalf of an entity:   |                                  |
| (Typed or Printed Name) (Capacity)   |                                  |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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STORETARY OF STATE