Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: URS AGENTS LLC Account Name Account Number : I20150000127

Phone : (800)567-4397 Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __rhenderson@urscompliance.com

REGISTERED AGENT CHANGE

THE NORTH AMERICAN MISSION BOARD OF THE SOUTHERN BAP

FEB 13 2019

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COVER LETTER

TO: Amendment Section Division of Corporations			
THE NORTH AMERICAN MISSION BOARD OF THE SOUTHERN BAPTIST CONVENTION, INC.			
Name of Corporation			
DOCUMENT NUMBER: F9900001388			
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:			
Jill Owen			
Name of Contact Person			
THE NORTH AMERICAN MISSION BOARD OF THE SOUTHERN BAPTIST CONVENTION, INC.			
Firm/Company			
4200 NORTH POINT PARKWAY			
Address			
ALPHARETTA, GA 30022			
City/State and Zip Code			
rhenderson @urscompliance.com 🗸			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kathy Clark Name of Contact Person Name of Contact Person at (800 567-4397 Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
. Mailing Address: Street Address:			

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

CR2E045 (03/12)

(((H19000050148 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organiz- in order to change its registered office or register	ed under the laws of the State of GA	
1. The name of the corporation: THE NORTH AMERICAN MISS	=	
2. The principal office address: 4200 NORTH POIN	T PARKWAY ALPHARETTA	, GA 30022
3. The mailing address (if different):	 _	_
4. Date of incorporation/qualification: 03/05/1999	Document number: F9900000	1388
5. The name and street address of the current registered agreed Florida Department of State: (If resigned, enter resigned		8
NRAI CORPORATE SERVICE	ES	٠
1200 SOUTH PINE ISLAND F	v	9 9
PLANTATION, FL 33324		H T
6. The name and street address of the new registered agent (If changed):	t (If changed) and /or registered offica	312 1
URS AGENTS, LLC		
3458 LAKESHORE DRIVE		
P.O. Box NOT	sceptable	
TALLAHASSEE, FL 32312		
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its reg	istered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officified in writing of the change.	er so
Long Mc Collier	George McCallum, Secretary	<u></u>
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my dulies, and I am familiar with and acagent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	**	t registered dress, I
Signature of Registered Agent	02-08-19 Dett	
If signing on behalf of an entity:		
Kanetha Bishop, Asst. Secretary		
Typed or Printed Nama * * * FILING FEI	2. ¢3¢ NN + + +	
" " FIDENG PER	A. Andrius	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2B045 (03/12)