

L13000149721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

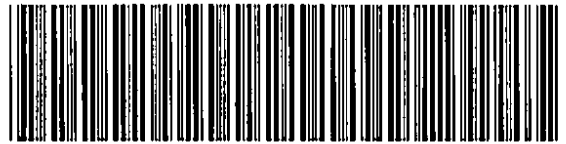
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000315406690

07/09/18--01030--014 **25.00

2018 JUL -9 AM 9:50
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

U.S.
7/18/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broken Chains Ministry, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roxanne Bricker

Name of Person

Broken Chains Ministry, LLC

Firm/Company

PO Box 0821

Address

Zephyrhills, FL. 33539

City/State and Zip Code

roxxy@samaritanproject.org

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

For further information concerning this matter, please call:

Roxanne Bricker

813 389-8621
at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Broken Chains Ministry, LLC

2. (a) 36052 Coleus Ave (b) PO Box 0821
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Zephyrhills, FL 33542 Zephyrhills, FL 33539

3. 10/23/2013 4. L13000149721
Date of filing/registration in Florida Document number

5. (a) Tim R Mitchell
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
37450 Picketts Mill Ave.
Zephyrhills, FL 33542

(b) Roxanne Bricker
Enter name of NEW Registered Agent and/or NEW Registered Office address:

36052
NEW Registered Office Address:
Coleus Ave.
Zephyrhills, FL 335452

FILED
2018 JUL -9 AM 9:50
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Melissa A. Mitchell
Signature of a member or authorized representative of a member

Melissa A Mitchell
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent