118000024857

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Kingdom Pioneer Institute				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please	e return all correspondence concerning this ma	atter to the following:			
LaQı	uetta Glaze				
	Name of Person				
King	dom Pioneer Institute				
	Firm/Company				
4600	Mobile Hwy PMB 32506				
	Address	······································			
Pens	sacola, FL 32506				
	City/State and Zip Code				
	laquetta glaz E-mail address: (to be used for future annual r	e@gmail.com			
	E-mail address: (to be used for future annual r	eport notification)			
For fu	rther information concerning this matter, plea	se call:			
LaQu	uetta Glaze	850 760-2548			
	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 amo	ount:			
	□ \$25 Filing Fee	№ \$55 Filing Fee & Certified Copy			
INHS1	8 (2/14)				

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. N	ame of the limited liability company: Kingdom Pion	neer Institute, LLC
2. (a)	4600 Mobile Hwy	(b) 4600 Mobile Hwy
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PMB 194	PMB 194
	Pensacola, FL 32506	Pensacola, FL 32506
	29 January 2018	L18000024857
3.	Date of filing/registration in Florida	4. Document number
5. (a)	LaQuetta Glaze	
3. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:
	2733 Southern Oaks Drive	
	Registered Office Address (MUST BE FLORIDA STREET A	<u> </u>
	Cantonment , FL	32533
	LaCuetta H. Claza	2 2 3 3 3 3 3 3 3 3 3 3
(b)	Enter name of NEW Registered Agent and/or NEW Registered	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:
	4600 Mobile Hwy	
	NEW Registered Office Address:	
	PMB 194	
	Pensacola	32506
the chagent was/w the ar algorithm and the ar algorithm and the object of the object o	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the atture of a member or authorized representative of a member	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Printed or typed name of signee ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00