1180000 60766

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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AUG 2 9 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Anointed Name of Limite	In Ministry (C)		
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:			
(aShinda Winding) Name of Person			
Anointed In Ministry, LCC Firm/Company			
9526-B2 Argyle Forest Blvd. Ste # 507			
Jacksonville, FL 32222 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
(a) Shunda Winding at (2) Name of Person	25) 244-300 (1) Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
II \$25 Filing Fee	7 \$55 Filing Fee & Certified Conv		

INHS18 (2/14)

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

Pursua submit Florida	int to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned is the following statement in order to change its registered office or registered agent, in	limited liability company or both, in the State of		
I. Na	ame of the limited liability company: Anainted In Minis	try, CC		
2. (a)		Angy/c Forest I		
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE	POST OFFICE BOX)		
	Ste # 507 54e #	50 }		
	Jacksonville, Fl 32222 Vacksonv	lle F1 3226		
_	3/7/2018 L1800	0060766		
3.	Date of filing/registration in Florida 4. Document num	ber		
5. (a)				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	4140 Plantation Oaks Rivel.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	<u>Unit 1212</u>			
	Overge Park , Fl 32065			
(b)	1 p. Shunda Windrag			
Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	9526-B2 Angyle Farest Blud			
	NEW Registered Office Address:			
	<u> </u>			
	Jacksonville FL 32022			
the cha	imited liability company is not organized under the laws of the State of Florida, it is herebyinge or changes are made, the Florida street address of the registered office and the business	s office of the registered		
was/we	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed authorized by an affirmative vote of the members of the limited liability company or as	ed that the change(s) otherwise provided in		
	cles of organization or the operating agreement of the limited liability company.	l vai Ni		
Signat	the of a member of authorized representative of a member Printed or typed na	ume of signee		
provisi the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further a consoft of the consoft of the proper and complete performance of my duties, and I am igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this ly reflect a change in the registered office address, I hereby confirm that the limited liability my ling of this change.	arge to comply with the		
Signatu	te of Régistered Agent			

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