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COVER LETTER

Registration Section TO: Division of Corporations Freedom and Joy Ministry LLC SUBJECT: 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: Malcolm Phillips Name of Person Freedom and Joy Ministry LLC Firm/Company 13900 County Road 455 Suite 107-366 Address Clermont, FL34711 City/State and Zip Code mphillips@freedomandjoyministry.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 612-7798 Malcolm Phillips at (Area Code & Davtime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy S25 Filing Fee

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. Na	me of the limited liability company: Freedom and Joy	Ministry	LLC				
2. (a)		(b)				
• ′	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 13900 County Road 455 Suite 107-366				
	13900 County Road 455, Suite 107-366						
	Clermont, Fl 34711		Clermont,	Fl 34711			
	09/09/2019		L19000227	347			
3.	Date of filing/registration in Florida	- 4.		Document	number	<u>.</u>	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.						
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State					Q _D	
	5575 S. SEMORAN BLVD.					70.71	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	36						
	ORLANDO, FI	L_32822		_	- 614 1714	o m	
	Malcolm Phillips					~ ~ 0	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				A		
	13900 County Road 455						
	NEW Registered Office Address:			_			
	Suite 107-366	_		_			
	Clermont	34711 L		_			
change agent v was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members clear of organization of the operating agreement of the	e register lability coof the lire limited	ed office an ompany, it i nited liabilit	d the busine s hereby cor y company i npany. s	ess office of nfirmed that or as otherw	the registered the change(s) vise provided in	
Signa	ture of a member or authorized representative of a member			Printed or ty	ped name of si	ignee	
provisi the obl to mere nosifide	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I din writing of this change?	e perforn ed för in	ance of my Chapter 60°	duties, and i 5 F.S. Or. i.	l am familia f this docum	ir with and acco nent is being file	