## M00000003465

(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:						
Corrected documents						
by teliprome can						
Corrected documents by felipson can Th 12/21						

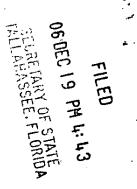
Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
SUBJECT: Alpha & Omega Farms Ministries, Inc. (Name of Corporation)							
DOCUMENT NUMBER: N00000003465							
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:							
Gary R. Gay (Name of Contact Person)							
Alpha & Omega Farms Ministries, Inc. b/d/a Pastoral Ministries (Firm/Company)							
8921 Mustang Island Circle							
(Address)							
	•						
Naples, FL 34113							
(City/State and Zip Code)							
For tur	rther information concerning this matter, please call:						
Gary F	R. Gay at (	239 774-1125 (Area Code & Daytime Telephone Number)					
	(Name of Contact Person) at (	(Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.							
	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					

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

statement of che	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or re	rganized under the laws o	f the State of Flori	da
1. The name of	the corporation: Alpha & Omega Far	rms Ministries, Inc		ě.
	office address: 8921 Mustang Island	d Circle		
Naples, FL	34113			
3. The mailing a				
4. Date of incor	poration/qualification: 5-25-2000	Document num		65
	d street address of the current register rtment of State:	red agent and registered of	fice on file with the	e
	Gary R. Gay	· · · · · · · · · · · · · · · · · · ·	<u>.                                    </u>	50 <b>9</b>
	3775 Airport Rd. N. Suite B			ECRE FLAF
	Naples, FL 34105			19 TAR
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or	registered office	OG DEC 19 PH 4: 43 SECRETARY OF STATE TALLAHASSEE, FLORIT
	Gary R. Gay			EFA 3
	8921 Mustang Island Circle			
	(P.O. Box NOT acce	ptable)		
	Naples, FL 34113		<del></del>	
The street address changed will	ess of its registered office and the st I be identical.	treet address of the busine	ess office of its reg	sistered agent,
Such change wauthorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of dire on notified in writing of th	ctors or by an offic ne change.	cer so
Sanc	by day	Sandy Gay	Sec/Treas.	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered ager to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this statutes relative to the pr obligation of my position in the registered office ac		e performance ent. Or, if this onfirm that the
Don	D Han	12-14-06		
(81	gnature of Registered Agent)		(Date)	
If signing on be	ehalf of an entity:			
(	Typed or Printed Name)			
	* * * FILING	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)