

140000003658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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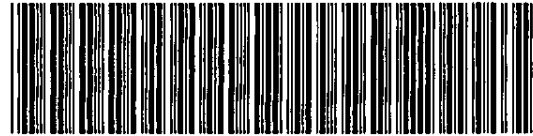
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]

11-29-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dewey Rowe Ministries, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000003658

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:

Dewey Rowe
Name of Contact Person

Dewey Rowe Ministries, Inc.
Firm/Company

P.O. Box 420307
Address

Kissimmee Florida 34742
City/State and Zip Code

drministries@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dewey at (407) 944-0046
Name of Contact Person 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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dewey Rowe Ministries, Inc.

2. The principal office address: 2329 Gunn Road Kissimmee, Florida 34746

3. The mailing address (if different): P.O. Box 420307 Kissimmee Florida 34746

4. Date of incorporation/qualification: 2008 Document number: N00000003658

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

2144 W. Martin St.

Kissimmee Florida 34741

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2329 Gunn Road

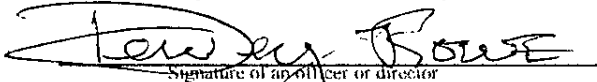
Kissimmee Fl. 34746

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Dewey Rowe- President/Preacher

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

11-22-2011

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR21045 (8/05)