N00000005004

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SECRETARY OF STATE
TALL AHASSEE FLACES

R-A. Chang

C. O-12004

TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: THE SHEPHERD'S STAFF, INC. (Name of corporation)				
DOCUMENT NUMBER: N 00000005004				
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:				
THE REVEREDO AND B. DAUS (Name of person)				
(Name of person)				
,				
THE SHEPHERD'S STAFF, INC (Name of firm/company)				
(Name of Intircompany)				
6507 B WOODLAKE VILLAGE CT.				
MIDLOTHIAN, VA 23/12 (City/state and zip code)				
For further information concerning this matter, please call:				
- · · · · · · · · · · · · · · · · · · ·				
THE REVEREND ANN B. DANS at (804) 439-5480 (Name of person) (Area code & daytime telephone number)				
(Area code de daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				
Division of Corporations P.O. Box 6327 Amendment Section Amendment Section Division of Corporations 409 E. Gaines Street				
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399				

TO:

Amendment Section

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

Pursuant to th	e provisions of sections 607.0502	, 617.0502, 607.1508, or 617.1508, i	Florida Statutes,
this statement	•	ration organized under the laws of the Istered office or registered agent, or l	
	in order to change its regi	siered office or registered agent, or t	oom, in the blate
of Florida. 1. The name of	f the corporation: The Sheph	end's Staff, Inc.	155
	<i>/</i> .	Toodlake Village Court	
	idlothian Virginia 2:	•	332
	address (if different): Same		700
<u> </u>			
4. Date of inco	rporation/qualification: July 3	1. 2000 Document number: N	00000005004
	nd street address of the current regi artment of State:	stered agent and registered office on f	ile with the
	The Reverend Deb B	lackwood	_
	6158 Tuenbury Park	: Deive # 1202	_ ,
	Sarasota, Florida 3.		_
6. The name a	and street address of the new regi	istered agent (if changed) and /or reg	gistered office (if
changed):	MRS. D'ARlene Lle	wellun	_
		E il mailbox NOT acceptable)	
	Sarasota, Floreda	l mailbox NOT acceptable)	
TC1			afita un aigtara d
agent, as chan	ged will be identical.	e street address of the business office	
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has be	adopted by its board of directors or been notified in writing of the change	y an officer so
_ las !	cr. chairman or vice chairman of the board)	Ann B. Davis, Chauman (Printed or typed name and title)	
I haveby acces	nt the appointment as registered a	cont and acree to act in this canacity	l d complete
performance of registered age office address	of my duties, and I am familiar with ont. Or, if this document is being f , I hereby confirm that the corpora	all statutes relative to the proper and th and accept the obligation of my po- filed merely to reflect a change in the ation has been notified in writing of t	sition as registered this change.
Larles	(Signature of Registered Agent)	6-15-04 (Date)	
If signing on beh			
	(Typed or Printed Name)	(Canacity)	