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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE PRESERVING BIBLE TIMES, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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By:

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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; PRESERVING BIBLE TIMES, INC
2. The principal office address: 303 REDLAND BLVD., #101, ROCKVILLE, MD 20850
3. The mailing address (if different): P. O. BOX 83357, GAITHERSBURG, MD 20883-3357 US 4 Date of incorporation/qualification: MARCH 5, 2001 Document number: N0100001476
Date of incorporation/qualification: MARCH 5, 2001 Document number: N0100001476
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)
TIMOTHY J. MANOR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agents 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.
David E. Weatherby, President Signature of an officer of differior 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 performan of my duties, and I ani familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. CT Corporation System (MILLIE) WOLLS
Signature of Registered Agent July 10, 2020 Date
If signing on behalf of an entity:
Christine Kelm-Asst. Secretary 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 CR2E045 (04/13)