N01000005194

(Re	questor's Name)	
(Ad	dress)	
, (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		·
(Bu	sin ess Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: Douth County Christian Fellowship (Name of Corporation)	
DOCUMENT NUMBER: NO100005194	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	3 ,
Please return all correspondence concerning this matter to the following:	
Kathrun Holmes (Name of Contact Person)	
(Cambo of Schuler 1 Sisser)	
South County Christian Fellouship	
10632 Navigation Drive	
Riverview FL 33569 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (813) 758-340 (Area Code & Daytime Telepho	ιρ ne Number)
Enclosed is a \$35.00 check made payable to the Department of State. \$70(2 amendments)	
Mailing Address: Amendment Section Street Address: Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Ci	rcle

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:
2. The principal office address: 101032 Novigotion Drive
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/20/01 Document number: NO100005194
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Byron B. Holmus
10309 Fernbrook Ln
Tampa, FL 331e24 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Dyron B. Holmes (Same)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Byron B. Holmus (same) 5 %
10632 Navigation Drive (P.O. Box NOT acceptable)
RIVETVIEW, FL 33569
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.
Byron B. Holmes Resident Byron B. Holmes Resident
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.
Mym M. 11-10-010 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
(1) year of remoter rather

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