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## **COVER LETTER**

Amendment Section Division of Corporations

SUBJECT: THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA								
(Name of Corporation)								
DOCUMENT NUMBER: 1392								
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:								
HERMAN K. WILLIAMS								
(Name of Contact Person)								
THE DAMILY CUDICTIAN ACCOCIATION OF AMEDICA								
THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA (Firm/Company)								
14701 N.W. 7th Avenue								
(Address)								
MIAMI, FLORIDA 33168-3103								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
HERMAN K. WILLIAMS at (305) 685-4881 Ext. 202 (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  Street Address: Amendment Section Division of Corporations								

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

34 16 CR2E045 (8/05)

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

Pursuant to the prostatement of change	-								
		gistered office	_			-			
1. The name of the	corporation:_	THE FAMILY	CHRI	ISTIAN A	SSOCIAT	ION OF AM	IERICA		
2. The principal off	ice address:_	14701 N.W. 7th Avenue MIAMI, FLORIDA 33168-3103							
3. The mailing addr	ress (if differe			<del></del>					
4. Date of incorpora	ation/qualifica	tion:198	14	Doc	cument num	iber:			
5. The name and str Florida Departme		f the current reg	istered	agent and ı	egistered o	ffice on file v	with the		
	HERMAI	N K. WILLIA	MS					80	
	218 N	.E. 199th 1	errac	ce			— 787 1335	FEB	
		, FLORIDA 3					ARY SSEE		
6. The name and str (if changed):	eet address o	the new registe	ered age	ent (if chan	ged) and /o	r registered o	office STA	PH 12: 3	D
	RICHAI	RD L. CHISH	IOLM			···	, SA	ω Ψ	
	3900 8	S.W. 145th	Avenu	ıe					
<del></del>		(P.O. Box NOT	acceptab	le)					
	MIRAM	AR, FLORIDA	3302	27 ————					
The street address as changed will be	of its register identical.	ed office and tl	ne stree	et address o	of the busin	ess office of	fits registe	ered ag	gent,
Such change was a authorized by the b	uthorized by board, or the	resolution duly corporation has	adopt been r	ed by its b	oard of dire	ectors or by a	an officer	so	
Frivan	AND OF OF OFFICE	lians	_	HERMAN	K. WIL	LIAMS, PR	RESIDEN	Γ/CEO	<u> </u>
I hereby accept the I further agree to coff my duties, and I document is being corporation has be	appointment comply with the am familiar filed merely i	t as registered he provisions o with and accep o reflect a cha	agent a f all sta t the ob nge in t chang	and agree t atutes relat pligation of the register				erform Or, i rm tha	ance f this t the
Kuchard (	hiskold	N			1-2	3-08			
(Signati	re of Registered	(gent)			<u> </u>	(Date)			
If signing on behal	f of an entity	•							
THE FAMILY CHI	RISTIAN AS		OF AN	MERICA					

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