NO2600005658

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FATY AHASSEE, FLORIDA

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CHRISTIAN IMMIGRATION HELP NEW (Name of	corporation)
DOCUMENT NUMBER: N02000005658	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
	0_
DR OSCAR A RUIZ	型 名 1
	ontact person)
	美元 いく
ANGEL GUARDIAN CHRISTIAN CHU	ontact person) RCH Ompany)
	ompany)
	Sign E
409 WEST HALLANDALE BEACH I	10 00
	dress)
·	,
HALLANDALE ,FLORIDA	33009
(City/state a	and zip code)
For further information concerning this matter, please	call:
DR OSCAR A RUIZ	at (954) 986-1933
(Name of contact person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Depart	tment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes hange is submitted for a corporation organized under the laws of the State of FLORII der to change its registered office or registered agent, or both, in the State of Florida.	DA
1. The name of	f the corporation: CHRISTIAN IMMIGRATION HELP NEWS,INC	
2. The principal	al office address: 3600 S STATE ROAD 7,SUITE 40,MIRAMAR,FL 33023	
3. The mailing a	address (if different): SAME	
4. Date of incorp	orporation/qualification: 07/25/2002 Document number: N02000005658	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	FINANCIAL FOUNDATION,INC	
	3150 SANDY RIDGE R	
	CLEARWATER,FL,33761	04.55
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	OLSEP-3 PH 2: LO
	3600 S STATE ROAD 7,SUITE 40 ,MIRAMAR FL 33023	ER PL
	(P.O. Box NOT acceptable)	ORIDA ORIDA
The street addre	lress of its registered office and the street address of the business office of its regis ill be identical.	tered agent,
=	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	
09 /0:	DR OSCAR A RUIZ (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is be corporation has	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete pand I am familiar with and accept the obligation of my position as registered agencing filed merely to reflect a change in the registered office address, I hereby confus been notified in writing of this change.	performance t. Or, if this irm that the
/ (Si	Signature of Registered Agent) (Date)	
If signing on be	pehalf of an entity:	
	(Typed or Printed Name)	

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