## 10200001835

| (Requestor's Name)                      |             |  |  |  |  |
|-----------------------------------------|-------------|--|--|--|--|
| (Address)                               |             |  |  |  |  |
| (Address)                               |             |  |  |  |  |
| (City/State/Zip/Phone #)                |             |  |  |  |  |
| PICK-UP WAIT MAIL                       |             |  |  |  |  |
| (Business Entity Name)                  |             |  |  |  |  |
| (Document Number)                       |             |  |  |  |  |
| Certified Copies Certificates of Status | <del></del> |  |  |  |  |
| Special Instructions to Filing Officer: |             |  |  |  |  |
|                                         |             |  |  |  |  |
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## COVER LETTER

| TO:                                                                                                                         | Amendment Section Division of Corporations                                              |  |  |  |        |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|--|--------|--------------------------------------------------------|
| CHDI                                                                                                                        | Crossover Community Church                                                              |  |  |  |        |                                                        |
| SUBJECT:Name of Corporation                                                                                                 |                                                                                         |  |  |  |        |                                                        |
|                                                                                                                             | N02000007835                                                                            |  |  |  |        |                                                        |
| DOC                                                                                                                         | JMENT NUMBER:                                                                           |  |  |  |        |                                                        |
| The e                                                                                                                       | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. |  |  |  |        |                                                        |
| Please                                                                                                                      | return all correspondence concerning this matter to the following:                      |  |  |  |        |                                                        |
|                                                                                                                             | Christopher Harris                                                                      |  |  |  |        |                                                        |
| Name of Contact Person                                                                                                      |                                                                                         |  |  |  |        |                                                        |
| Crossover Community Church                                                                                                  |                                                                                         |  |  |  |        |                                                        |
| Firm/Company                                                                                                                |                                                                                         |  |  |  |        |                                                        |
| 1235 E. Fowler Avenue                                                                                                       |                                                                                         |  |  |  |        |                                                        |
|                                                                                                                             | Address                                                                                 |  |  |  |        |                                                        |
| Tampa FL 33612                                                                                                              |                                                                                         |  |  |  |        |                                                        |
| City/State and Zip Code christopher@crossoverchurch.org  E-mail address: (to be used for future annual report notification) |                                                                                         |  |  |  |        |                                                        |
|                                                                                                                             |                                                                                         |  |  |  | For fu | rther information concerning this matter, please call: |
|                                                                                                                             |                                                                                         |  |  |  |        | Kyllonen 813 971-8887 ext.226                          |
|                                                                                                                             | Name of Contact Person at () Area Code & Daytime Telephone Number                       |  |  |  |        |                                                        |
| Enclo                                                                                                                       | sed is a \$35.00 check made payable to the Department of State.                         |  |  |  |        |                                                        |
|                                                                                                                             | Mailing Address: Amendment Section  Street Address: Amendment Section                   |  |  |  |        |                                                        |
|                                                                                                                             | Division of Corporations Division of Corporations                                       |  |  |  |        |                                                        |
|                                                                                                                             | P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle       |  |  |  |        |                                                        |
|                                                                                                                             | Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301                |  |  |  |        |                                                        |

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

| statement of cha                                                                                                                                                                            | provisions of sections 607.0502, 61<br>inge is submitted for a corporation<br>r to change its registered office or                                                                     | organized under the laws of t                                                                      | he State of Florida                                                        |                |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------|--|--|
| 1. The name of                                                                                                                                                                              | Crossover Com                                                                                                                                                                          | nmunity Church                                                                                     | ie state of Provida.                                                       |                |  |  |
| 2. The principal Tampa, FL                                                                                                                                                                  |                                                                                                                                                                                        | Avenue                                                                                             | <del></del>                                                                |                |  |  |
| 3. The mailing a                                                                                                                                                                            | Same as At                                                                                                                                                                             | pove                                                                                               |                                                                            |                |  |  |
| 4. Date of incor                                                                                                                                                                            | poration/qualification:                                                                                                                                                                | Document number                                                                                    | N0200007835                                                                |                |  |  |
|                                                                                                                                                                                             | d street address of the current regist<br>tment of State: (If resigned, enter r                                                                                                        |                                                                                                    | ce on file with the                                                        |                |  |  |
|                                                                                                                                                                                             | Meetze, Gordon                                                                                                                                                                         |                                                                                                    | ·                                                                          |                |  |  |
|                                                                                                                                                                                             | 405 Belleview Avenue                                                                                                                                                                   |                                                                                                    |                                                                            |                |  |  |
|                                                                                                                                                                                             | Temple Terrace, FL 33617                                                                                                                                                               |                                                                                                    | <del></del>                                                                |                |  |  |
| 6. The name and (if changed):                                                                                                                                                               | d street address of the new registere                                                                                                                                                  | ed agent (if changed) and /or r                                                                    |                                                                            |                |  |  |
|                                                                                                                                                                                             | Christopher J. Harris                                                                                                                                                                  |                                                                                                    | ALLA<br>ALLA                                                               |                |  |  |
|                                                                                                                                                                                             | 1971 W. Lumsden Rd # 268                                                                                                                                                               |                                                                                                    | EC-C                                                                       | 228.3<br>packs |  |  |
|                                                                                                                                                                                             | Brandon, FL 33511                                                                                                                                                                      | ox NOT acceptable                                                                                  | T T                                                                        | 1              |  |  |
| The street address changed will                                                                                                                                                             | ess of its registered office and the be identical.                                                                                                                                     | street address of the business                                                                     | (A)                                                                        | nt,            |  |  |
| 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. |                                                                                                                                                                                        |                                                                                                    |                                                                            |                |  |  |
| Mar                                                                                                                                                                                         | NG.                                                                                                                                                                                    | Thomas Kyllonen                                                                                    | , President                                                                |                |  |  |
| _                                                                                                                                                                                           | no of the officer of director                                                                                                                                                          | 2,                                                                                                 | ed name and title                                                          | -              |  |  |
| I further agree<br>performance of<br>agent. Or, if th                                                                                                                                       | the appointment as registered age<br>to comply with the provisions of a<br>my duties, and I am familiar with<br>is document is being filed merely<br>that the corporation has been not | ll statutes relative to the prop<br>and accept the obligation of<br>to reflect a change in the reg | per and complete<br>my position as registered<br>istered office address, I |                |  |  |
| and                                                                                                                                                                                         | ( NAT )                                                                                                                                                                                | 12/01/16                                                                                           |                                                                            |                |  |  |
|                                                                                                                                                                                             | center of Registered Agent                                                                                                                                                             | Γ.                                                                                                 | Date                                                                       | •              |  |  |
| If signing on be                                                                                                                                                                            | chalf of an entity:                                                                                                                                                                    |                                                                                                    |                                                                            |                |  |  |
|                                                                                                                                                                                             | ynad or Printed Nome                                                                                                                                                                   |                                                                                                    |                                                                            |                |  |  |

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