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(Business Entity Name)
(Document Number)
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SECRETARD PROTEIN SECURITY OF SECURITY OF STATE

Ba office change

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: ROCK Missions, Int'l, Inc.		
Name of Corporation		
DOCUMENT NUMBER: N0400007465		
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:		
Barbara Shoner		
Name of Contact Person		
ROCK Missions Int'I, Inc.		
Firm/Company		
2 Southern Trace Blvd.		
Address		
Ormond Beach, FL 32174		
City/State and Zip Code		_;
rockmissionsintl@gmail.com	, , ,	71817 3335
E-mail address: (to be used for future annual report notification)	43	28円
	ζЭ	, \$2 , \$2
For further information concerning this matter, please call:	1. K	22°E
Barbara Shoner 386 569-9999	iş Ş	STAI
Name of Contact Person Area Code & Daytime Telephone Num	ber 🖰	5 5 7 8
Enclosed is a \$35.00 check made payable to the Department of State.		(D)

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of cho	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	<u> </u>	
1. The name of	the corporation: ROCK Missions, Int'I, Inc.		
2. The principal	office address: 2 Southern Trace Blvd.		
	Ormond Beach, FL 32174		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/29/2004 Document number: N040000746	35	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	ROCK Missions Int'l, Inc./Barbara Shoner, Registered Agent		
	875 Wilmette Ave., #814		
	Ormond Beach, FL 32174		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office ROCK Missions Int'l, Inc./Barbara Shoner, Registered Agent		n
	2 Southern Trace Blvd.	19	25 38
	P.O. Box NOT acceptable	制度の	
	Ormond Beach, FL 32174	<u></u>	(유) (유)
The street addr as changed will	ess of its registered office and the street address of the business office of its registered lbe identical.	agent	Y OF 51
Such change wauthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	: 30	AT OF
Signatu	Barbara Shoner, President Printed or typed name and title		ผิว
I furthér agrée	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as register is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	red I	
Dar	bara (honer 08/16/2019		
Sig	gnature of Registered-Agent Date		
If signing on be	chalf of an entity:		
Barbara Sh	noner		

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

Make checks dayable to Florida Department of State

Typed or Printed Name