## N0400000813

(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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FALLAHASSEEFLORIDA



## **COVER LETTER**

TO: Amendment Se Division of Co	ection rporations						
SUBJECT: Church On The Edge, Inc.  Name of Corporation							
	Name of C	Lorporation					
DOCUMENT NUMB	ER:N4	000010813	<del></del>				
The enclosed Statemen	at of Change of Registered Office	ce/Agent and fee are submi	tted for filing.				
Please return all corres	pondence concerning this matte	er to the following:					
	Cheryl	Pinette ontact Person	·- <u></u>				
	Name of Co	ontact Person					
	Church On T	The Edge, Inc.					
		ompany					
	14100 Islamorada Drive Address						
	Add	aress	da Societa				
	Ouleande	FL 00007	•				
	City/State a	FL 32837 and Zip Code	<del></del>				
	•	•					
	The Edge	@iag.net					
E-1	mail address: (to be used for	future annual report notif	ication)				
For further information	concerning this matter, please	call:					
Cł	neryl Pinette	at ( 407 )	802-4205				
	of Contact Person	at ( <u>407</u> ) Area Code & Dayti	me Telephone Number				
Enclosed is a \$35.00 cl	heck made payable to the Depa	rtment of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations ng e Center Circle				
		Tallahassee, F	L 32301				

TO:

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, F ed under the laws of the Si ed agent, or both, in the St	ate of Florida
1. The name of t	he corporation: Churc	ch On The Ed	ige	
2. The principal	office address: 1603 N	/lickler Street, K	(issimmee, FL 3474	1
3. The mailing a	ddress (if different): 14	100 Islamorada	a Drive, Orlando, FL	32837
4. Date of incorp	ooration/qualification:	2004	Document number:	N4000010813
	street address of the cur tment of State: (If resign		ent and registered office or	file with the
,	PARRELLA, MICH	HAEL		
	13385 TWIN WOO	DD LANE 1609	ORLANDO FL 3283	7
	_			7× 0
6. The name and (if changed):	I street address of the ne	w registered agent	(if changed) and /or regist	SECRETAS
	Pinette, Cheryl			EE SEE
	14100 Islamorada			F STA
		P.O. Box NOT a	acceptable	49
				ice of its registered agent,
Such change wanthorized by the	as authorized by resolute board, or the corpora	tion duly adopted ation has been noti	by its board of directors of the cha	or by an officer so nge.
Arch Signatu	re of an officer or director	W)	Richard Printed or typed or	Pinette
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle s been notified in writin	gistered agent and visions of all statut nd accept the oblig ect a change in the ng of this change.	agree to act in this capa tes relative to the proper gation of my position as r registered office address	city. and complete performance egistered agent. Or, if this , I hereby confirm that the
	erus f Registered Agent	itte	May 18	3, 2009
If signing on be	chalf of an entity:			
	Cheryl Pinette	**		
1	yped or Printed Name			

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