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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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

Parsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of <u>FloRido</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: UNITY Gosfel C.O.G. I. C. INC.
2. The principal office address: 905 NW 68 Th Place ocala, Fl. 34475
3. The mailing address (if different):
4. Date of incorporation/qualification: $4/14/2005$ Document number: 60500003827
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Resigned
—————————————————————————————————————
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
905 NW 68 Th Alace
(P.O. Box NOT acceptable)
ocala, Fla. 34425
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
Mora fullings VP (Signaphyre of an officer or director) Mora Thullings VP (Printed of typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Ker. Elijah M. Jack (Signgure of Registered Agent) (Date)
If signing on behalf of an entity:
alkfjsaldkfj (Typed or Printed Name)

32

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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