## ND500007830

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## **COVER LETTER**

	ment Section in of Corporations
SUBJECT:	NAME OF COOPERATION)
DOCUMENT	NUMBER: NO 50000 7830
The enclosed S	tatement of Change of Registered Office/Agent and fee are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
	(Name of Contact Person)
	(Firm/Company)
	419 W Ocasa ST (Address)
	City/State and Zip Code)
For further info	ermation concerning this matter, please call:
Kaxe.	(Name of Contact Person) at (407) 310-8096 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: NNER QUET MINISTRIES INR  2. The principal office address: 419 W. ORALA ST.  UMATILLA, FC 32784  3. The mailing address (if different):  4. Date of incorporation/qualification: DSO/OS Document number: NO 500007830  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  NREN SINGULAR  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  NREN SINGULAR  1. DEPART STATE  (P.O. Box NOT acceptable)  LINEATILLA SINGULAR  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.  KAKEN SITUATION Resolution for the capacity. If writer agree to comply with the provisions of all statutes relative to the proper and complete performance of my outset of underton.  I hereby accept the appointment as registered agent and agree to act in this capacity. If writer agree to comply with the provisions of all statutes relative to the proper and complete performance of my outset of underton.  (Bate)  (Bate)  (Bate)  (Bate)	Pursuant 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 Florida Statutes.
2. The principal office address: 4/9 W. ORALD ST.  (IMPTILLA) FC 32784  3. The mailing address (if different):  4. Date of incorporation/qualification: 08/0/05 Document number: NO500007850  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    ROSED   SIMMONS	
3. The mailing address (if different):  4. Date of incorporation/qualification: DSOJOS Document number: NOS00007830  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    Same State	1. The name of the corporation: NNER COURT MINISTRIES, INC
3. The mailing address (if different):  4. Date of incorporation/qualification:	2. The principal office address: 419 W. Ocasen ST.
4. Date of incorporation/qualification: DS/O/OS Document number: NOS00007830  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    Commons	UMATILLA, FC 32784
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    REEN   SIMMONS	3. The mailing address (if different):
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    REEN   SIMMONS	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **MEAN STANDS**  **THE Street address of the new registered agent (if changed) and /or registered office (if changed):  **MEAN STANDS**  **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.  **Signature of an other or directory**  **Intereby 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, Thereby confirm that the corporation has been notified in writing of this change.  **Signature of Registered Agent**  **Signature of Registered Agent**  **Signature of Registered Agent**	· · · · · · · · · · · · · · · · · · ·
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **MEEN SUMMONS**  (P.O. Box NOT acceptable)  **LINEARY ST (P.O. Box NOT acceptable)  **LINEAR	
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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.  KHKEN SIMMON Speed agent and the companion of the change of the proper agent and the companion of the change of my dates, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merghy to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  (Signature of Registered Agent)	6. The name and street address of the new registered agent (if changed) and /or registered office
(Pignature of Registered Agent)  (P.O. Box NOT acceptable)  (P.O. Box NoT a	(if changed):
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	tonen Junios 8/28/06
If signing on behalf of an entity:	(Signature of Registered Agent) (Date)
	If signing on behalf of an entity:
TAREN Simmones (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)