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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: The Greater Heights Church of C	Christ orporation)
DOCI	JMENT NUMBER: N05000012277	
The er	iclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	Dennis J. Ceasar	
	(Name of Co	ntact Person)
	The Greater Heights Church of (Firm/Co	f Christ ompany)
	P O Box 1024	ress)
	(
	Gainesville, FL 32602	
	(City/State ar	nd Zip Code)
For fu	ther information concerning this matter, please of	eall:
Denni	s J. Ceasar (Name of Contact Person)	at (352) 376-8843 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Depart	
	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

TO:

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

	f the corporation: The Greater Heights Church of Christ, Inc.
?. The principa	al office address: 150 S E 74th Street, Gainesville, FL 32641
3. The mailing	address (if different): Post Office Box 1024, Gainesville, FL 32602
. Date of inco	orporation/qualification: 12/8/2005 Document number: N05000012277
	nd street address of the current registered agent and registered office on file with the current of State: Dorothy Long
	Dorothy Long
	1124 S E 19th Terrace
	Gainesville, FL 32641 and street address of the new registered event (if changed) and (or registered office
	Dennis J. Ceasar 1537 S E 38th Court (P.O. Box NOT acceptable) Gainesville, FL 32641
	ress of its registered office and the street address of the business office of its registered agrill be identical. was authorized by resolution duly adopted by its board of directors or by an officer so the board or the corporation has been notified in writing of the change.
	Dorothy Long, Secretary ature of the officer or director) Dorothy Long, Secretary (Printed or typed name and title)
(Signa	of the appointment as registered agent and agree to act in this capacity,
hereby accept further agree of my duties, a	e to comply with the provisions of all statutes relative to the proper and complete performe and I am familiar with and accept the obligation of my position as registered agent. Or, if eing filed merely to reflect a change in the registered office address, I hereby confirm that as been notified in writing of this change.
hereby accepturther agree fmy duties, a locument is he orporation ha	e to comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligation of my position as registered agent. Or, if the provision of my position as registered agent. Or, if the replication that the registered office address. I hereby confirm that

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