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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

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REGISTERED AGENT CHANGE ANDREA STEPHENS MINISTRIES, INC.

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TO:

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## **COVER LETTER**

Amendment Section

Division of Corporations	
SUBJECT: Andrea Stephens Ministries, Inc. Name of Corporation	
DOCUMENT NUMBER: N06000010824	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
Kelsie Stacy	
Name of Contact Person	<del></del>
InCorp Services, Inc.	
Firm/Company	_
3773 Howard Hughes Pkwy. · Suite 500S	
Address	<del></del>
Las Vegas, NV 89169-6014	
City/State and Zip Code	<del>_</del>
documents@incorp.com	
E-mail address: (to be used for future annual report notific	cation)
•	,
For further information concerning this matter, please call:	
Kelsie Stacy on behalf of InCorp Services, Inc. at 70	2-866-2500
	rea Code & Daytime Telephone Numb

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
The Control of Tallahaman

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

(((H21000284660 3)))

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

statement of ch	ange is submitted for a	corporation organized	07.1508, or 617.1508, Flori under the laws of the State agent, or both, in the State	ofFL		
	the corporation: Andre			9, 20, 144		
	office address: 8221					
		SA, OK 74133				
3. The mailing	address (if different): _					
4. Date of incor	poration/qualification:	10/16/2006	Document number:	N06000010824		
5. The name an Florida Depa	d street address of the c rtment of State: (If resig	urrent registered agent gned, enter resigned)	and registered office on file	e with the		
	STEPHENS, AND	REA S		ı		
	10051 Plantation R	d		2021		
	Fort Myers, FL 339	66		2021 JUL 27 S-OKE WARS ALLAHASSE		
6. The name and (if changed):	d street address of the n	ew registered agent (if	changed) and /or registered	27 AM		
	InCorp Services, In-	c		9: STA		
	17888 67th Court North					
P.O. Box NOT acceptable						
	Loxahatchee, FL 33	3470				
The street addresses changed will	ss of its registered offi be identical.	ce and the street addr	ess of the business office o	f its registered agent,		
Such change was authorized by the	as authorized by resolute board, or the corpora	tion duly adopted by a tion has been notified	ts board of directors or by I in writing of the change.	an officer so		
		Ar	ndrea Sue Stephens, Pre	esident		
	e of an officer or director		Printed or typed name ar	nd title		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as res o comply with the prov d I am familiar with as ng filed merely to refle been notified in writin	ristered agent and agi risions of all statutes i ad accept the obligation of a change in the reg of this change.	ree to act in this capacity, relative to the proper and a on of my position as registe istered office address, I he	complete performance cred agent. Or, if this reby confirm that the		
	Defry D		July 22, 202	,		
~~	usture of Registered Agent		Date			
If signing on bel	palf of an entity:					
	behalf of InCorp Service	s, Inc.				
Ту	ped or Printed Name					
	*	* * FILING FEE: \$3	35.00 * * *			