## ND7000002537

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DIVISION OF CORPORALISMS

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## **COVER LETTER**

то:	TO: Amendment Section Division of Corporations		
SUBJE	ECT: Shrive of the Marty's of (Name of Corporation)	fla Florida, Inc.	
DOCUMENT NUMBER: N0760000 2537			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
	Robin Fenney (Name of Contact Per	ncrson)	
(Firm/Company)			
3052 Waterford Dr. (Address)			
Tallahassee, FL 32309 (City/State and Zip Code)			
For further information concerning this matter, please call:			
<del> </del>	Rdon Fennema at ( (Name of Contact Person)	850 ) 874-1304 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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Shrine of the Martyrs of La Florida, Inc.  2. The principal office address: 3052 Waterford Dr.
Tallahassee, FL 32309  3. The mailing address (if different):
4. Date of incorporation/qualification: Mardy 9, 2007 Document number: NO 700000=537
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robin Fennema
Brown Jaken frankriger 3136 Obrien Dr.
Tallahassee FZ 32309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robain Fennema  3652 Waterford Dr.  (17 changed):
9652 Waterford Dr.  (P.O. Box NOT acceptable)
Tallahassee F2 32309  The street address of its registered office and the street address of the business office of its registered agent
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 officer of diffector)  ROBIN FENNOMA  (Printed or 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.
Mobin Formence 8/31/07 (Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
is signing on oction of an entry.
(Typed or Printed Name)

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

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