

700270249457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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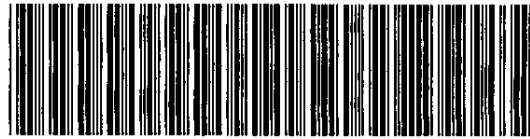
(Business Entity Name)

(Document Number)

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03/10/15--01015--003 \*\*35.00

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR -3 PM 12:41

APR 08 2015  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Billy Burns Ministries, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N07000004381

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:

Shannon Wood

Name of Contact Person

Sommerville & Associates, P.C.

Firm/Company

3030 Matlock, Suite 201

Address

Arlington, TX 76015

City/State and Zip Code

billy@billyburns.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billy Burns

Name of Contact Person

at ( 561 ) 827-9325

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2015

SHANNON WOOD  
3030 MATLOCK STE 201  
ARLINGTON, TX 76015

SUBJECT: BILLY BURNS MINISTRIES, INC.  
Ref. Number: N07000004381

We have received your document for BILLY BURNS MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal address must be a street address not a P.O. Box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 215A00005202

2/13/15  
MAR 13-3 PM 5:29  
RECEIVED  
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TALLAHASSEE

**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: Billy Burns Ministries, Inc.
2. The principal office address: PO Box 822385, North Richland Hills, TX 76182  
5101 Maplewood Ct, North Richland Hills, TX 76180
3. The mailing address (if different): PO Box 822385, North Richland Hills, TX 76182

4. Date of incorporation/qualification: 11/17/86 Document number: N07000004381

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)

Vickie Burns

4658 Blue Pine Circle

Lake Worth, FL 33463

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jason Burns

602 Chesney Dr.

P.O. Box NOT acceptable

Valrico, FL 33594

15 APR - 3 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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.

Billy Burns  
Signature of an officer or director

Billy Burns, President

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.*

[Signature]  
Signature of Registered Agent

03/04/2015

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)