

NO7000005130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

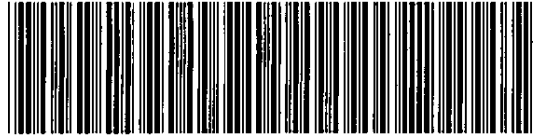
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Touched by an Angel Ministries, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N07000005130

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:

James Hobbs  
Name of Contact Person

Touched by an Angel Ministries, Inc.  
Firm/Company

3491 62nd Ave N  
Address

Pinellas Park, FL 33781  
City/State and Zip Code

pastorvonda@touchedbyanangelministries.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Hobbs at (727) 527-7770  
Name of Contact Person 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  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Touched by an Angel Ministries, Inc
2. The principal office address: 3491 62nd Ave N, Pinellas Park, FL 33781
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12-18-08 Document number: N07000005130
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)

Vonda Polhill

6624 5th Ave N  
St Petersburg, Fl. 33710

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

Vonda Polhill  
3491 62 Ave N  
Pinellas Park, Fl. 33781

P.O. Box NOT acceptable

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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.

[Signature]  
Signature of an officer or director

JEFFERY POLHILL, DIRECTOR  
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.*

Vonda Gay Polhill  
Signature of Registered Agent

Aug 19, 09  
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