N07000006230

(Requestor's Name)	_
,	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
	_
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	٦
, ,	
<u>.</u>	
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. Office Use Only



300133301853

07/24/08--01030--010 **35.00

SECRETARY OF STATE

R.A. Change

1/29/08

COVER LETTER

TO:	Amendm Division	ent Section of Corporations					
SUBJ	ECT: C	IURCH OF G	OD OF PROPHE	CY OF F	PUNTA GORDA, INC.		
			(Name of Co	rporation)			
DOC	UMENT N	UMBER:	N07000006230		The state of the s		
The e	nclosed Sta	tement of Change	of Registered Office	Agent and	fee are submitted for filing.		
Please	e return all	correspondence c	oncerning this matter t	to the follo	wing:		
					•		
			EVA M. CRAI		·		
			(Name of Cont	tact Person)			
					; rt,		
		CHURCH OF	GOD OF PROPHE (Firm/Cor		UNTA GORDA, INC.		
•			(Fillia/Cor	прану)	:		
			662 COOPER	STREET			
			(Addre				
		•			;		
PUNTA GORDA, FLORIDA 33950 ,							
			(City/State and)		
For fu	irther inform	mation concerning	g this matter, please ca	ıll:			
	EVA M. C	RAFTS		at (941	639-1263 Code & Daytime Telephone Number)		
	(1)	Name of Contact	Person)	(Area	Code & Daytime Telephone Number)		
Enclo	sed is a \$35	5.00 check made j	payable to the Departn	nent of Stat	te. (1)		
		Mailing A	ddress: ent Section	<u>S</u> 1	treet Address: 1 mendment Section		
			of Corporations		livision of Corporations		
		P.O. Box			lifton Building		
		Tallahass	see, FL 32314		661 Executive Center Circle		
				T.	allahassee, FL 32301		
					•		

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

statement of chan	ge is submitted fo	ons 607.0502, 617.0502, 6 or a corporation organized	d under the laws	s of the State o	f_FLORIDA	
		istered office or registered CHURCH OF GOD O	-			
1. The name of th	-	·····		OF FUNIA GO	JRDA, INC.	
2. The principal o	office address:	662 COOPER STREE		?		_
		PUNTA GORDA, F	L 33950	· · · · · · · · · · · · · · · · · · ·	1.	
3. The mailing ad	dress (if different):				
4. Date of incorpo	oration/qualificati	on: 06/21/2007	Document nu	ımber: N0700	00006230	
5. The name and : Florida Departi		he current registered agen	it and registered	office on file	with the	
	ST	URDIVANT, CAROL	.YN	t , f	·	
	27	455 JONES LOOP	ROAD		2008 JUL 24 SECRETAR TALLAHASS	T
_	PU	JNTA GORDA, FL 33	3982 US		PHAS	7
6. The name and : (if changed):	street address of t	he new registered agent (i	if changed) and a	or registered o	řn~	ד
-	CF	RAFTS, EVA M.	,	, .	: 24 ORIDE	
_	29	916 NE 9TH STREE	ΞT	ń	7 2	
	_	(P.O. Box NOT acceptable)				
-	C.	APE CORAL, FL 33	993			
The street addres as changed will be	ss of its registered be identical.	d office and the street add	dress of the bus	iness office of	f its registered agent,	
Such change was authorized by the	s authorized by re board, or the co	esolution duly adopted by	y its board of di	irectors or by f the change.	an officer so	
Signature	e of an officer or direct		Georg	e Da ed or typed name a	VIS	
I hereby accept t	he annointment o	is registered agent and a provisions of all statute ith and accept the obligate reflect a change in the reviting of this change.	agree to act in ti	his capacity	,	•
If signing on beh	nalf of an entity:	V		•		
LVa (TV	med or Printed Name)	ROFTS				

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