

NO 700000 6810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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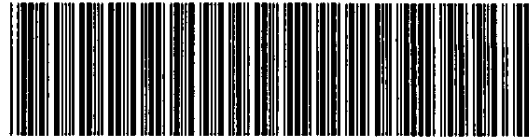
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARROWHEAD BIBLE CHURCH INC
Name of Corporation

DOCUMENT NUMBER: NO7000006810

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:

THOMAS D. HELMUS.
Name of Contact Person

ARROWHEAD BIBLE CHURCH
Firm/Company

28 PRATTWOOD LANE
Address

PALM COAST FL 32164
City/State and Zip Code

TDHELMUS@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS D. HELMUS at (386) 447-7458
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARROWHEAD BIBLE CHURCH INC.
2. The principal office address: 28 PRATTWOOD LANE PALM COAST
FL 32164
3. The mailing address (if different): _____

4. Date of incorporation/qualification: JAN 30, 2016 Document number: NO7000006810

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)

RESIGNED.

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

THOMAS D HELMUS
28 PRATTWOOD LANE
P.O. Box NOT acceptable
PALM COAST, FL 32164

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TALLAHASSEE, FLORIDA

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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.

Thomas D. Helmus
Signature of an officer or director

THOMAS D. HELMUS, TREASURER
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.

Thomas D. Helmus
Signature of Registered Agent

Date

If signing on behalf of an entity:

THOMAS D. HELMUS
Typed or Printed Name

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