N08000001175

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BLACKBURN & COMPANY, L.C.

5:50 BELFORT ROAD, SOUTH ' BUILDING 500 JACKSONVILLE, FLORIDA 32256

DENNIS L. BLACKBURN dlb@blackburnco.org ROBERT L. JONES III tjones@blackburnco.org

TELEPHONE: 904-296-7713 FACSIMILE: 904-296-7716 FACSIMILE: 904-493-0384

June 16, 2010

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed for filing are Statement of Change of Registered Agent forms for The Trinity Baptist Church of Jacksonville, Inc., Trinity Baptist College, Inc. and Trinity Rescue Misson, Inc. Also enclosed is our check in the amount of \$105.00 for the filing fee. If you have any questions concerning this filing, please contact me.

Very truly yours,

Robert L. Jones III

RLJ:rd Enclosures

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.
The name of the corporation: Trinity Baptist College, Inc.
2. The principal office address: 800 Hammond Blvd., Jacksonville, Florida 32221
2. The principal strice address.
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/05/2008 Document number: N08000001175
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)
Dr. Charles T. Shoemaker
800 Hammond Blvd.
Jacksonville, Florida 32221
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
Robert L. Jones III
5150 Belfort Rd. S., Bldg. 500
Jacksonville, Florida 32256
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 or director Thomas C. Messer 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 of Registered Agent C/16/10
If signing on behalf of an entity:
Typed or Printed Name

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

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