

NO9000004622

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 04 2018

T. LESMEUX

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: High Adventure Gospel Communications Ministries, Inc.
Name of Corporation

DOCUMENT NUMBER: N-09000004022

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:

Laurel T. Hughes-Massey

Name of Contact Person

HAGCM, Inc.

Firm/Company

33 Archer Way

Address

Dahlonega, GA 30533

City/State and Zip Code

123professor@windstream.net

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

For further information concerning this matter, please call:

Laurel T. Hughes-Massey

Name of Contact Person

at (**706**) **482-0600**

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: HIGH ADVENTURE GOSPEL COMMUNICATION MINISTRIES, INC.

2. The principal office address: 569 BRISTOL RD, NEWMARKET ONTARIO, CANADA L3Y 6T2

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 04/22/2009 Document number: N-09000004022

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)

MCEWEN, PATRICIA DR.

1014 VISTA OAKS CIRCLE, NE

PALM BAY, FL 32905

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

HOWE, JAMES THOMAS

4091 RAFFIA DRIVE

P.O. Box NOT acceptable

NAPLES, FL 34119

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.

Laurel T. Hughes-Massey
Signature of an officer or director

LAUREL T. HUGHES-MASSEY, BOARD OF DIRECTORS
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.

X James Thomas Howe
Signature of Registered Agent

X 4/28/2019
Date

If signing on behalf of an entity:

N/A

Typed or Printed Name

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