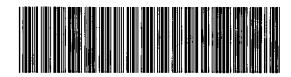
## N10000007626

(Re	equestor's Name)	<del> </del>		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
<b>(B</b> u	siness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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2010 SEP 20 PH 12: 19
SECRETARY OF STATE
FALL AHASSEF, FI ORIGINATE

R.A.

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SEP 2 1 2010

## **COVER LETTER**

Division of	f Corporations				
SUBJECT:	Wings of Grace N	finistries, Inc.			
DOCUMENT NU		000007626			
The enclosed State	ment of Change of Registered Offic	e/Agent and fee are submitted for filing.			
Please return all co	rrespondence concerning this matte	r to the following:			
	Dwight Name of Co	W. Bell ntact Person			
		e Ministries, Inc.			
150 Coconut Dr, Suite 104 Address					
	Indialantic, City/State a	FL 32903 nd Zip Code			
dwightb@stlucielots.com  E-mail address: (to be used for future annual report notification)					
For further informa	ntion concerning this matter, please	call:			
Nan	Dwight W. Bell ne of Contact Person	at ( 321 ) 288-7209 Area Code & Daytime Telephone Number			
Enclosed is a \$35.0	0 check made payable to the Depar	tment 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			

TO:

Amendment Section

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stal	te of Florida	
				e of rioriaa.	
	he corporation: Wings			22002	
2. The principal	office address: 150 CO	conut Dr. Suite	104, Indialantic, FL 3	32903	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	8/10/2010	Document number:	N10000007626	
	I street address of the cur tment of State: (If resign		t and registered office on f	ile with the	
	Dwight W Bell	•			
	105 Coconut Dr #1	04			
	Indialantic, FL 329	03		SECT SECT	1
6. The name and (if changed):	I street address of the nev	v registered agent (i	f changed) and /or register	(A) (C) 5	
	Dwight W Bell			PHIZ:	
	1835 N Highway A			55	
	Indialantia El 220	P.O. Box NOT acc	ceptable	ÿ?e∗*	
	Indialantic, FL 329				
The street addre as changed will	ess of its registered offic be identical.	e and the street add	lress of the business offic	e of its registered agent,	
Such change ly authorized by th	is/authorized by resolutive board, or the corporat	on duly adopted by ion has been notifi	tits board of directors or ed in writing of the chang	by an officer so	
• XX	e of an officer or director		Dwight W Bel	I, President	
, ,		istered agent and a isions of all statute: d accept the obliga t a change in the re g of this change.	• •	ty, nd complete performance tistered agent. Or, if this I hereby confirm that the	
_X/ \{	pature of Registered Agent		9/1/20 Date	)10	
			Date		
ii signing on be	half of an entity:				
	yped or Printed Name	<del></del>			

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