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(Reque	stor's Name)	
(Addre	39)	
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(City/Si	tate/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	ne)
(Docun	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	





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COVER LETTER

TO:	Amendment Sec Division of Corp	tion porations					
SUBJECT: Kingdom Light Ministries Name of Corporation							
DOC	CUMENT NUMBE	R:N11000000740					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Pleas	se return all correspo	ondence concerning this matter to the following:					
Patricia A. Wallace Name of Contact Person							
Kingdom Light Ministries Firm/Company							
807 S Orlando Avenue Suite S. Address							
		Winter Park, Fl. 32789 City/State and Zip Code					
	E-ma	pawallace@prodigy.net sil address: (to be used for future annual report notification)					
For f	urther information c	oncerning this matter, please call:					
		ard Wallace at (407) 643-8989 Contact Person Area Code & Daytime Telephone Number					
Enclo	osed is a \$35.00 che	ck made payable to the Department of State.					
		Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a cor	poration organize	607.1508, or 617.1508, Flo d under the laws of the Stal d agent, or both, in the Stal	_{te of} Florida	_
	, ,		istries (MCOrDo)	1 (
2. The principal	office address: 807 S O				
3. The mailing a	ddress (if different):				
4. Date of incorp	N1100000074	0000740			
	street address of the current ment of State: (If resigned		at and registered office on f	ile with the	
	1350 Orange Avenu	e Suite 230			
	Winter Park, Fl. 327	89			
6. The name and (if changed):	street address of the new	registered agent (of changed) and /or register	ed office	SECRI BIVISION
	807 S Orlando Aver	ue Suite S.		 اِ	95
Winter Park, Fl. 32789					
		P.O. Box NOT ac	ceptable		တဲ့ ညီ
The street addre as changed will	ess of its registered office be identical.	and the street ad	dress of the business office	e of its registered ag	23 ent,
Such change wa authorized by th	is authorized by resolution be board or the corporation	n duly adopted bon has been notif	y its board of directors or led in writing of the chang	by an officer so e.	
Signatur	e of fan opticer of director	<u>u</u>	Printed or typed nam		
I hereby accept I further agree to of my duties, an document is bei- corporation has	the appointment as regis o comply with the provis d I am familiar with and ng filed melely to reflect been notifled in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	agree to act in this capacit is relative to the proper an tion of my position as reg egistered office address, I	y. d complete performe istered agent. Or, if hereby confirm that	ince this the
1 Jahre	nature of Register Agent		July 1st,	2011	
	half of an entity:		230		
——————————————————————————————————————	ped or Printed Name				

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