N1100003933

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COVER LETTER

O: Amendment Section Division of Corporations	
SUBJECT: God's Resources, Inc. Name of Corporation	
DOCUMENT NUMBER: N 11000003933	
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:	
Richard Kelly Name of Contact Person	
Firm/Company	
13502 NW LUCA PLIM CT. Address	
Palm Lity FL 34990 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (772) 336-9769 Area Code & Daytime Telephone Numb	er
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Street Address: Amendment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

	der to change its registered office or registered agent, or both, in the State of Florida.
1. The name o	f the corporation: God's Resources, Inc.
2. The princip	al office address: 5155 SW Orchid Bay Dr.
	Palm City, FL 34950
3. The mailing	address (if different):
4. Date of ince	prporation/qualification: 4/19/11 Document number: 1/10000 3533
	artment of State: (If resigned, enter resigned)
	David Olio (resigned)
	FILED
6. The name a (if changed	nd street address of the new registered agent (if changed) and /or registered office
	13502 NW Coco Plum Ct. P.O Box NOT acceptable Palm City, FL 34990
The street add	lress of its registered office and the street address of the business office of its registered agent.
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. A Se A Simpson Continue Pinted or typed hame and wife
I further agre performance agent. Or, if hereby confir.	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete Of my duties, and I am familiar with and accept the obligation of my position as registered This document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.
16.	ignature of Registered Agent 11/7/2017

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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