

N11000006675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

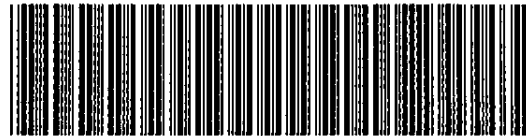
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600214129156

11/14/11--01019--013 **35.00

FILED
11 NOV 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RODM
11/5/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bridge of Hope Church, Inc
Name of Corporation

DOCUMENT NUMBER: N11000006675

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:

Randy Coggins
Name of Contact Person

Bridge of Hope Church, Inc
Firm/Company

3920 Ashworth Place
Address

Lakeland, Florida 33810
City/State and Zip Code

bishopcoggins@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Coggins at (706) 4985881
Name of Contact Person 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: Bridge of Hope Church, Inc.
2. The principal office address: 3920 Ashworth Place / Lakeland, Florida 33810
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 14, 2011 Document number: N11000006675
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)

Karen Steverson - RESIGNED

3630 Great Masterpiece Road

Lake Wales, Florida 33898

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

Maxie Broome, Jr

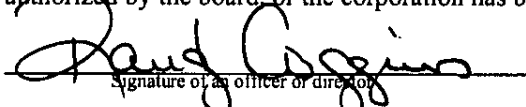
1495 Magnolia Street

P.O. Box NOT acceptable

Bartow, Florida 33830

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

Randy L Coggins, President
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

11.09.2011
Date

If signing on behalf of an entity:

Maxie Broome, Jr
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
11 NOV 14 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA