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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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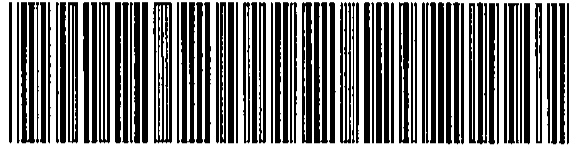
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Paths to God  
Name of Corporation

**DOCUMENT NUMBER:** 45-4224176

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:

Rev. Sue Meixner

Name of Contact Person

All Paths to God

Firm/Company

807 Ojai Avenue

Address

Sun City Center, FL 33573

City/State and Zip Code

aptg.scc@gmail.com

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

For further information concerning this matter, please call:

Rev. Sue Meixner

Name of Contact Person

at ( 813 ) 362-0806

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: All Paths to God

2. The principal office address: 807 Ojai Ave., Sun City Center, FL 33573

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/23/2012 Document number: 45-4224176

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)

Inez Shayman  
650 Fort Duquesna  
Sun City Center, FL 33573

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

Registered Agents, Inc.  
7901 4th St N, STE 300  
St. Petersburg, FL 33702  
P.O. Box NOT acceptable

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.

Carole Wright  
Signature of an officer or director

Carole Wright, Secretary  
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.*

Bill Havre  
Signature of Registered Agent

11/19/2021  
Date

If signing on behalf of an entity:

Bill Havre  
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