N1200000 4264

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	,,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: C.R.O.S.S OUTREACH MINISTRIES, INC. Name of Corporation	
. Tallie of Corporation	
DOCUMENT NUMBER: N12000004264	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Daniel F. Pilka	
Name of Contact Person	
Pilka & Associates, Inc	
Firm/Company	
213 Providence Road	
Address	
Brandon, Fl. 33511	
City/State and Zip Code	-
dpilka/ <u>d</u> pilka.com	_
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
Kelly Janssen	31, 813 (653-3800)
Name of Contact Person	at (813) 653-3800 Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the Dep	partment of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: C.R.O.S.S OUTREACH MINISTRIES, INC.
2. The principal	office address: 934 Savannah Ave. Lakeland, FL 33815
3. The mailing a	ddress (if different): PO Box 1311 Lakeland, FL 33802
4. Date of incorp	poration/qualification: 5/1/2012 Document number: N12000004264
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	John F. Wendel
	336 West Highland Drive Suite 4
	Lakeland, Fl. 33813 I street address of the new registered agent (if changed) and /or registered office SAR
6. The name and (if changed):	236 West Highland Drive Suite 4 Lakeland, Fl. 33813 I street address of the new registered agent (if changed) and /or registered office SEE STATES TO STATE STATES TO STATE STATES TO STATES TO STATES TO STATES TO STATE STATES TO STAT
	Daniel F. Pilka
	213 Providence Road
	P.O. Box. NOT acceptable Brandon, Ft. 33511
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the Signature	as 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. The of an officer or director Printed or typed name and title
I fjirthêr agrêe	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed mefely to reflect a change in the registered office address. I hereby confirm that the specifical position writing of this change.
	enature of Registered Agent Date
	chalf of an entity:
- 1	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 (04-13)