N 13000004677

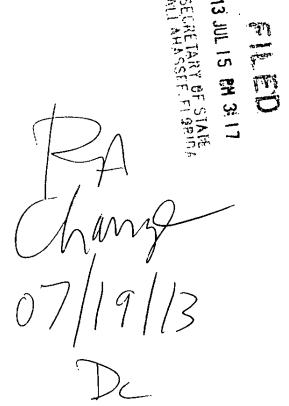
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

TO: A

Amendment Section Division of Corporations

SUBJECT: The Gospel Caravan Outreach Ministries, Inc.

Name of Corporation

DOCUMENT NUMBER: N13000004677

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:

Irie Lee Jackson, Sr.

Name of Contact Person

The Gospel Caravan Outreach Ministries, Inc.

Firm/Company

5599 5th Way So.

Address

St. Petersburg, Fl 33705

City/State and Zip Code

1945jacksoni@gmail.com

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

For further information concerning this matter, please call:

Irie Lee Jackson, Sr.

,727 \ \289-6519

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

| statement of cha | provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ingle is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida. |
|-------------------------------------|---|
| 1. The name of | the corporation: The Gospel Caravan Outreach Ministries, Inc. |
| 2. The principal | office address: 5599 5th Way South St. Petersburg, Fl 33705 |
| | ····· |
| 3. The mailing a | address (if different): |
| 4. Date of incor | poration/qualification: 05/17/2013 Document number: n13000004677 |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) |
| | Irie Lee Jackson, Sr. |
| | 10072 12th Way North Apt# 101 |
| | St. Petersburg, Fl 33716 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered of Hde |
| | 5599 5th Way South |
| | St. Petersburg, Fl 33705 |
| | P.O. Box NOT acceptable |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| (Signatu | Irie Lee Jackson(Chairman/President) Printed or typed name and title |
| I harahy acres | 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 my duties, and I am familiar with and accept the obligation of my position as registered is 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. |
| Money | nature of Registered Agent Date |
| C | half of an entity: |
| Т | yped or Printed Name |

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