## N130000008809

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EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Prociow Molarity Hours Ministry Name of Corporation
DOCUMENT NUMBER: N 1300000 8809
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:
Name of Contact Person  Precius Heart Ministry  Firm/Company
438 Hammer Stone Are Hairos City Address
HUND City FL 33 844 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 (331) (403 - 8505 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

**Division of Corporations** 

Mailing Address:
Amendment Section

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.
1. The name of the corporation: Precion Heart Ministry IN
2. The principal office address: 438 Hummer Stone Fre Haines City FZ 33844
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: N30000 8800
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)
United State Corporation Agents Fine
13302 Winding outs C+ Suit A
Tampa FL 336012 (Mesignac)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Urvella Smin
AB8 Hummer Stone Ave Humo City P.O. Box NOT acceptable
FL33844
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.
Daw: Sm. 71 - Director  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.
Willia Smish Signature of Registered Agent  Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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