

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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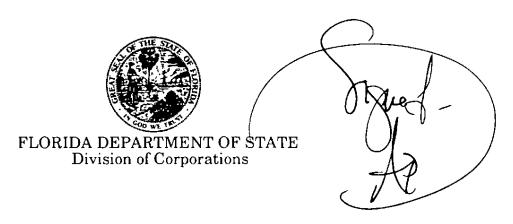
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2017 SEP 13 PM 1: 13

C. GOLDEN SEP 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Mailing & Physical Address Change Name of Corporation					
DOCUMENT NUMBER: N1500006422	•				
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:					
Ann Peterson					
Name of Contact Person					
RealOrange International Ministries, Inc.					
Firm/Company					
PO Box 781953					
Addre	ess				
Orlando, FL 32878					
City/State and					
realorange@realorange.org					
E-mail address: (to be used for future annual report notification)					
,					
For further information concerning this matter, please ca	ail:				
Ann Peterson 2398492089					
Name of Contact Person	at () Area Code & Daytime Telephone Number				
Name of Contact Person	Then dode a Paytime Telephone Planner				
Enclosed is a \$35,00 check made payable to the Department of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section				
CO CEED DOING CO	Division of Corporations				
DO Pov 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
· · · · · · · · · · · · · · · · · · ·	Tallahassee Fl 32301				



July 31, 2017

ANN PETERSON POST OFFICE BOX 781953 ORLANDO, FL 32878

SUBJECT: REALORANGE INTERNATIONAL MINISTRIES, INC.

Ref. Number: N15000006422

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 017A00015428



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

statement of char	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statute anized under the laws of the State of Florida	<u> </u>
		stered agent, or both, in the State of Florida	1.
1. The name of t	he corporation: RealOrange Inte	ernational Ministries, Inc.	00000
2. The principal	office address: 3549 Alafaya Pa	ılms Drive, #307 - Orlando, FL	32828
3. The mailing a	ddress (if different): PO Box 7819	953 - Orlando, FL 32878	
4. Date of incorp	poration/qualification: 06.29.15	Document number: 11501	1000647
	I street address of the current registered tment of State: (If resigned, enter resigned)	I agent and registered office on file with the med)	;
	777 North Orange Avenue	- Orlando, FL 32801 💎 🌊 🔄	
		1.0	FIL 2017 SEP 13
		 }	SEF
	<u> </u>		13
6. The name and (if changed):	l street address of the new registered ag	gent (if changed) and /or registered office	EÙ PH
	3549 Alafaya Palms Drive	- Orlando, FL 32828	
	P.O. Box No	OT acceptable	
The street addre	ess of its registered office and the street be identical.	et address of the business office of its regis	stered agent,
Such change wa authorized by th	s authorized by resolution duly adopt ne buard, or the corporation has been r	ed by its board of directors or by an office notified in writing of the change.	r so
/(/c. \		Ann Peterson	
	re of an officer or director	Printed or typed name and title	
Hurther agree t performance of avent \Or if thi	my duties, and fam tamiliar with and	atutes relative to the proper and complete I accept the obligation of my position as re effect a change in the registered office add	egistered
M M.C	4	06.26.17	
Ma Salah	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ann Peters	on		
T	yped or Printed Name		

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