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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	JECT: Campus Church, Inc. Name of Corporation			
DOC	CUMENT NUMBER: N16000001670			
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	se return all correspondence concerning this matter to the following:			
	Eric French			
	Name of Contact Person			
	FisherBroyles, LLP			
	Firm/Company			
	931 Monroe Drive STE A102-#351			
Address				
Atlanta, GA 30308				
	City/State and Zip Code			
	eric.french@fisherbroyles.com			
E-mail address: (to be used for future annual report notification)				
For fu	further information concerning this matter, please call:			
Eric I	French at (678) 401-8147 e of Contact Person Area Code & Daytime Telephone	Number		
	osed is a \$35.00 check made payable to the Department of State.	, amou		
	Mailing Address: Amendment Section Street Address: Amendment Section			
	Division of Corporations Division of Corporations Division of Corporations			
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circ Tallahassee, FL 32301	le		

TO:

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

 The name o 	f the corporation:_	Campus Church, Ir	nc.		
			ensacola, FL 32523		
3. The mailing	address (if differe	ent):			
4. Date of inco	orporation/qualific	02/08/2016	Document numbe	N16000001670	
5. The name as	nd street address o		agent and registered office		
	Resigned – M	litchell D. McBride			
				225	
6. The name and (if changed)		of the new registered ag	ent (if changed) and /or re	gistered office NOV 2	
	Dr. Jeff Redlin	n		· · · · · · · ·	1
	250 Brent Lar			0	ندور سا
	Pensacola, Fl	L 32523		; ` <u></u>	
The street add	ress of its register Il be identical.		t address of the business o		nt,
_			ed by its board of directors otified in writing of the ch		
Anger	Princher		Dr. Troy Shoemaker		
l hereby accer	ture of an officer or direct the appointment to comply with the offine duties, and I had accument is being that the corpora	t as revistered avent a	Printed or typed or typed or typed or typed or this cap tutes relative to the prope accept the obligation of n lect a change in the registin writing of this change.	d name and title pacity. Pre and complete The position as registered Pered office address, I	
			11]].5]] 0	<u> </u>	_

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