

1160000003490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

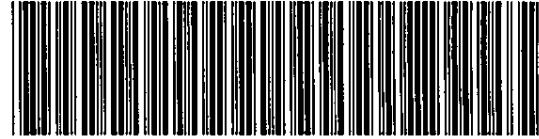
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. W. W.

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R. W. W.

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16 NOV 15 AM 10:59
SEC 27 2016
TALLAHASSEE, FL 32301

JAMES CHESTNUT & ASSOCIATES, INC.

NONPROFIT AND TAX-EXEMPT CONSULTANTS

www.JAMESCHESTNUT.com

15334 TEAL PARK DRIVE
HUMBLE, TEXAS 77396

Phone (281) 441-4431

support@jameschestnut.com

Fax (281) 441-4927

November 12, 2016

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

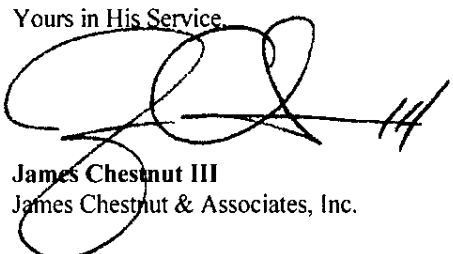
Subject: ROBERT L HUDSON MINISTRIES, INC

Enclosed please find an original and one (1) copy of the Statement of Change of Registered Office or Registered Agent, which is being submitted for filing. Enclosed also please find a check in the amount of \$35.00, made payable to the Florida Department of State, for the Filing Fee.

Upon filing please return Proof of Filing for placing to my office (15334 Teal Park Drive, Humble, Texas 77396).
Thank you in advance for your consideration in this matter.

If you have any questions or concerns, please don't hesitate to contact us.

Yours in His Service,



James Chestnut III
James Chestnut & Associates, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBERT L HUDSON MINISTRIES INC
Name of Corporation

DOCUMENT NUMBER: N16000003490

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:

JAMES CHESTNUT

Name of Contact Person

JAMES CHESTNUT & ASSOCIATES INC

Firm/Company

15334 TEAL PARK DR

Address

HUMBLE, TX 77396

City/State and Zip Code

roberthudson1@att.net

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

For further information concerning this matter, please call:

JAMES CHESTNUT at (281) 441-4431
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**

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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROBERT L HUDSON MINISTRIES INC
2. The principal office address: 11368 SECRETARIAT LN W, JACKSONVILLE, FL 32218
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/30/2016 Document number: N16000003490

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)

ROBERT HUDSON

2445 DUNN AVE #809

JACKSONVILLE, FL 32218

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT HUDSON

11368 SECRETARIAT LN W

P.O. Box NOT acceptable

JACKSONVILLE, FL 32218

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.


Signature of an officer or director

ROBERT HUDSON, PRESIDENT

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.


Signature of Registered Agent

11/12/2016

Date

If signing on behalf of an entity:

ROBERT HUDSON, PRESIDENT

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