

716000010273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. Peter Claver Prison Ministry, Inc.
Name of Corporation

DOCUMENT NUMBER: N16000010273

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:

Patrick Rainey

Name of Contact Person

St. Peter Claver Prison Ministry

Firm/Company

P. O. Box 1742

Address

Windermere, FL 34786

City/State and Zip Code

lrainey@crownpointp.com

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

For further information concerning this matter, please call:

Patrick T. Rainey

Name of Contact Person

at (407) 467-7764

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: St. Peter Claver Prison Ministry, Inc.
2. The principal office address: 3303 Overland Road # 33 Apopka, FL 32703
3. The mailing address (if different): P. O. Box 1742 Windermere, FL 34786
4. Date of incorporation/qualification: 10/18/2016 Document number: N16000010273
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)

Bruce Stumbras (Resigned)

5315 Abelia Drive

Orlando, FL 32819

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

Patrick T. Rainey

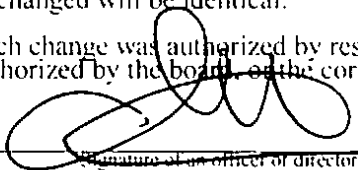
3437 Cocard Court

P.O. Box NOT acceptable

Windermere, FL 34786

The street address of its registered office and the street address of the business office, if 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, and the corporation has been notified in writing of the change.

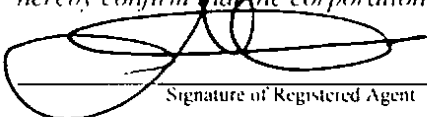


Signature of an officer or director

Patrick T. Rainey, 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

July 10, 2017

Date

If signing on behalf of an entity:

St. Peter Claver Prison Ministry, Inc.

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