

N17000009428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

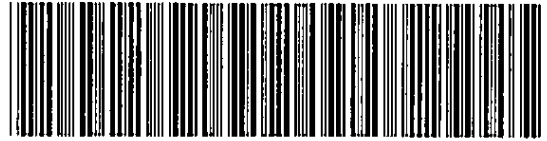
(Business Entity Name)

(Document Number)

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RO change

10/29/21--01016--025 \*\*170.00

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2021 OCT 29 AM 10:41

SECRETARY OF STATE  
BRIAN J. ROBERTSON

A. RAMSEY  
NOV 12 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ST. FRANCIS HOPE AND HEALTH MINISTRY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N17000009428

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:

Melissia K. Gauthreaux

Name of Contact Person

Accounting Resources and Management Services

Firm/Company

P.O. Box 2065

Address

Dunedin, FL 34697

City/State and Zip Code

missy@youraccountingresource.com

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

For further information concerning this matter, please call:

Melissia K. Gauthreaux

Name of Contact Person

at ( 727 ) 491-5360

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. FRANCIS HOPE AND HEALTH MINISTRY, INC.
2. The principal office address: 802 North Belcher Road Clearwater, FL 33765
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/18/2017 Document number: N17000009428
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)

Accounting Resources and Management Services LLC

31105 US Hwy 19 N

Palm Harbor, FL 34684

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

34921 US Hwy 19 N Ste 210

P.O. Box NOT acceptable

Palm Harbor, FL 34684

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.

*Rose Averill*  
Signature of an officer or director

*Rose Averill, 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]*  
Signature of Registered Agent

*10-25-21*  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (04/13)

2021 OCT 29 AM 10:41  
SECRETARY OF STATE  
MAIL ROOM/SECRETARY

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