

N17000011211

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

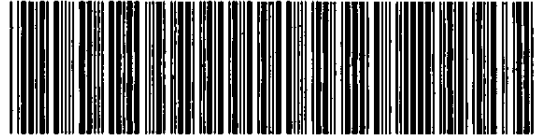
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500311996775

04/18/18--01013--011 \*\*35.00

*White*  
R. WHITE

APR 19 2018

FILED  
18 APR 18 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crusade Deliverance Ministries of Sou  
Name of Corporation

**DOCUMENT NUMBER:** N17000011217

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:

Sean Griffin

Name of Contact Person

Firm/Company

7920 NW 44th CT

Address

Coral Springs, FL 33065

City/State and Zip Code

Seangriffin46@gmail.com

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

For further information concerning this matter, please call:

Sean Griffin

Name of Contact Person

at ( 954 ) 993-4683

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

1. The name of the corporation: Crusade Deliverance Ministries of South Florida Inc.

2. The principal office address: 7920 NW 44th CT  
Coral Springs FL 33065

3. The mailing address (if different): PO BOX 770482  
CORAL PRINGS FL 33077

4. Date of incorporation/qualification: 11/08/2017 Document number: N17000011217

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)

DEREK COLSTON

2486 CENTERGATE APT 102

MIRAMAR FL 33025

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

KIMBERLY GRIFFIN

7920 NW 44TH CT

P.O. Box NOT acceptable

CORAL SPRINGS FL 33065

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

Kendra Stafford- Secretary

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

04/13/2018

Date

If signing on behalf of an entity:

Crusade Deliverance Ministries of

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 Y03/123

FILED  
18 APR 18 PM 3:26  
STATE  
TALLAHASSEE, FLORIDA