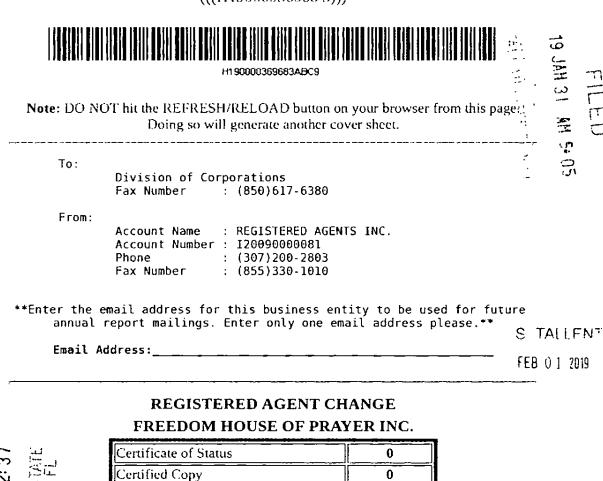
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000369683)))



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02

\$35.00

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes tion organized under the laws of the State of Florida. e or registered agent, or both, in the State of Florida.		_	
1. The name of	the corporation: Freedom Hous	se of Prayer Inc.			
	office address: 15122 IONA L		<del></del> -		
FORT MYER	RS, FL 33908				
3. The mailing a	nddress (if different):				
4. Date of incor	poration/qualification: 02/20/2	018 Document number: N18000001889			
	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered office on file with the nter resigned)			
	UNITED STATES CORPOR	ATION AGENTS, INC.	3×	19	
	13302 WINDING OAKS	BLVD., STE. A	17 11	) JAN 31	
	TAMPA, FL 33612				
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office	Markette and	MM 94 05	
	Registered Agents Ir	nc.	'	25	
	7901 4th St N STE 300				
		P.O. Box NOT acceptable			
	St. Petersburg FL 33	3702			
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registe	ered age	ent,	
Such change wa authorized by the	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an officer as been notified in writing of the change.	so		
	Chelson are of an officer of director	Joel Abelson, Director Printed or typed name and title			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered to comply with the provisions my duties, and I am familiar v is document is being filed mer that the corporation has been	d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as reg- ely to reflect a change in the registered office addre notified in writing of this change.	istered ess, I		
Bel Have		1/31/19			
Signature of Registered Agent		Date		_	
	chalf of an entity:				
Bill Havre	Annel or Drinted Name	<del></del>			
i	yped or Printed Name				

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