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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Connect Church Crestview Inc. Name of Corporation						
DOCUMENT NUMBER:						
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:						
Brandon Ellis Name of Contact Person						
Connect Church Crostnew, Inc.						
5459 Tairchild Rd.						
City/State and Zip Code						
E-mail/address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Brandon Ellic at (385) 239-3276 Name of Contact Person Area Code & Daytime Telephone Nur						
Name of Contact Person Area Code & Daytime Telephone Nui	nber					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building						
Tallahassee, FL 32314 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 statement of change is subminated in order to change.	•	rganized under the	laws of the State of	- Florida
1. The name of the corporati	on: <u>Connec</u>	it Church	Crestview,	Inc.
 The name of the corporation The principal office address 	ss: <u>5'459</u>	Fuirchild	Rd. Crest	view; FL, 325
3. The mailing address (if di	fferent):			
4. Date of incorporation/qua		/8 Docume	nt number: <u>A) i 8 0</u>	100008684
5. The name and street addre Florida Department of Sta	_		ered office on file v	vith the
<u>Uni</u>	ted States Corp	poration Ages	ats, Inc.	_
	5459 Fairch	ild Rd.		_
	Crestview, F			-
6. The name and street addre (if changed):	ess of the new registered	agent (if changed)	and /or registered o	ffice
	Brandon (511:s		201 SE
	Brandon (2753 Sava P.O. Box	NOFacceptable		2019 AUG SECNA)
	Crestriew,	FL, 32539	7	HASS
The street address of its reg as changed will be identical	istered office and the str	reet address of the	business office of i	ts registered agent.
Such change was authorized authorized by the board, or	I by resolution duly ado the corporation has been	pted by its board o notified in writing	f directors or by an g of the change.	officer so
Signature of an officer of	or director	Brando	inted or typed name and ti	TD the
I hereby accept the appoint I further agree to comply w performance of my duties, a agent. Or, if this document hereby confirm that the corp	mont as rogistored agen	t and agree to act i statutes relative to nd accept the oblig reflect a change in ed in writing of thi.	in this capacity, the proper and con ation of my positio the registered offic s change.	nplete n as registered ce address, I
Brown Signature of Registe	red Appril	07	1/29/2019	
If signing on behalf of an er			Date	
Brandon E//3 Typed or Printed N	Vame			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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