N19485

(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



600060464566

10/17/05--01031--023 **35.00

FILED

05 OCT 17 AN 8: 46

SECRETARY OF STATE TALLAHASSEE FLORIDA

Toman OCT 8.4 7999

COVER LETTER

O: Amendment Section Division of Corporations	
OUBJECT: Destiny CHUNCH INC (Name of Corporation)	
OCUMENT NUMBER: N 19485	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Scott George (Name of Contact Person)	
Desting Church INC.	
150 W, Michigan St (Address)	
(Address) Of 19 nd 0 5 32806 (City/State and Zip Code)	
(City/State and Zip Code)	
or further information concerning this matter, please call:	
SCOTT GEOVSE at (40) 849. 0079 (Name of Contact Person) (Area Code & Daytime Telephone Num	
(Name of Contact Person) (Area Code & Daytime Telephone Num	ber)

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

statement of chan	rovisions of sections 607.0502, 617. ge is submitted for a corporation of to change its registered office or re	rganized under the laws	of the State of	FLORIDA
in oraer	to change us registered office or re	Cilibar H. Jole	in the state of	Nortau.
1. The name of th	<u> </u>	HUNCH, I'C.	<u>. </u>	
2. The principal o	<u> </u>	Michigan S		
3. The mailing ad	dress (if different):			
	1667		N.I.I	01.00
4. Date of incorpo	pration/qualification: 1987	Document nu	mber: ///	7483
5. The name and s Florida Departs			office on file w	rith the
_	KAY COMBS		<u></u>	
_	7540 Grano	1 AL		ALL SEC
-	Winter Park,	F1 327	92	FIL RETAGN
6. The name and s (if changed):	street address of the new registered		_	77 5
	Mr. Bruck	McINNESS	<u></u>	8: 46 STATE ORIDI
-	150 W.	Michigan	st	\$ ^m o
_	(P.O. Box NOT accep	ptable)	CA C	-
_	Orlando,	<u> </u>	1806	_ _
The street addres as changed will b	s of its registered office and the store identical.	treet address of the busi	ness office of	its registered agent,
Such change was authorized by the	authorized by resolution duly add board, or the corporation has bee	opted by its board of di in notified in writing of	rectors or by a the change.	n officer so
1		Scott	George	<u> </u>
	of an officer of director	•	d or typed name an	•
I further agree to of my duties, and document is bein corporation has	he appointment as registered ager comply with the provisions of all I am familiar with and accept the g filed merely to reflect a change been notified in writing of this cha	n and agree to act in in statutes relative to the obligation of my posit, in the registered office mge.	ns cupacity, proper and co ion as register address, I hero	mplete performance red agent. Or, if this eby confirm that the
Dwa A.	Massar Agent)	!(1205	
(Sign If signing on beh	•		(Date)	
11 argining on our	un or an onnry.			
(Ту	ped or Printed Name)	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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