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	Division of Co		
	Fax Number	: (850)617-6380	
From:			
	Account Name	: REGISTERED AGENTS INC.	
	Account Number	: 120090000081	
	Phone	: (307)200-2803	
	Fax Number	: (855)330-1010	
			future
*Enter	the email address	s for this business entity to be used for	future
		ings. Enter only one email address please.	** (7)
	•		()/
E	ail Address:		S.

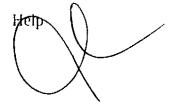
REGISTERED AGENT CHANGE MINISTRY OF METTLE INC

Certificate of Status	0
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OCT 10 PM 4: 54

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

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State of Flor	ida	
1. The name of	the corporation; Ministry of Mettle In	nc		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/23/20	Document number: N2000000	4387	
	d street address of the current registered rtment of State: (If resigned, enter resign		he	
	LEGALINC CORPORATE	SERVICES INC.		20
	476 RIVERSIDE AVE.		_	122 00
	JACKSONVILLE, FL 3220	2	•	27 10
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):				2022 OCT 10 AM 8:51
	Registered Agents Inc		, 1.	<u> </u>
	7901 4th St N STE 300			
	St. Petersburg FL 33702	ox NOT acceptable		
The street addr as changed wil	ess of its registered office and the stree be identical.	address of the business office of its re	gistered	agent,
Such change wanthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	d by its board of directors or by an off otified in writing of the change.	icer so	
Ran	dy Muth	Randy Muth, Director		····
I hereby accept I further agree of my duties, a document is be	the appointment as registered agent as to comply with the provisions of all sta and I am familiar with and accept the ob ing filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and comple ligation of my position as registered as he registered office address, I hereby c	te perfo. zent. Or onfirm t	rmance , if this hat the
Bee Home		10/10/22		
Si	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Bill Havre				
٦	yped or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

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

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