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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (855)330-1010

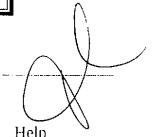
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## REGISTERED AGENT CHANGE TEAM PHILIPPIAN MINISTRIES INC.

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

statement of che	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statute in organized under the laws of the State of Florida		
	er to change its registered office of the corporation: Team Philippian M	r registered agent, or both, in the State of Florida linistries Inc	3.	
				<del></del>
2. The principal	office address:		<del></del> .	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/10/2022	Document number: N22000006445		
5. The name and Florida Depart	d street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	UNITED STATES CORPORATION	AGENTS, INC.		
	476 RIVERSIDE AVE.			
	JACKSONVILLE, FL 32202			
6. The name and street address of the new registe (if changed):		ed agent (if changed) and /or registered office		2023 JUN
	Registered Agents Inc		ست. ست.	E E
	7901 4th St N STE 300		KLLÄHASS	19
		P.O. Box NOT acceptable	<u> </u>	土
	St. Petersburg FL 33702			ֆ ե
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its regis	tered ag	ent.
Such change wa authorized by th	s authorized by resolution duly a le board, or the corporation has b	dopted by its board of directors or by an office een notified in writing of the change.	ΓSO	
DURCHAL	l Lunh Sunchsch	DEBORAH LYNN SIMONSON PTD		
	e of an officer or director	Printed or typed name and title		_
I further agree to further agree to of my duties, and document is being corporation has	incappointment as registered ago of a comply with the provisions of a of I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co	ent and agree to act in this capacity, all statutes relative to the proper and complete ; the obligation of my position as registered agen e in the registered office address, I hereby cont hange.	verforma 1. Or if irm thát	ince this the
David Peries		06/19/2023		
Sigi	nature of Registered Agent	Date		_
If signing on bel	nalf of an entity:			
David Roberts				
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 (04/13)

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