1/23/2024 07:58:05 PST

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.

(((H24000030303 3)))



H240000303033ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

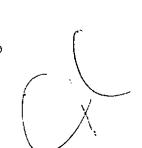
Email Address:

## REGISTERED AGENT CHANGE KINGDOM FIRST CHRISTIAN UNIVERSITY THEOLOGICAL **SEMIN**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help



To: 18506176383

Fax: 8134365206

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

statement of cha	nge is submitted for a corporation	7,0502, 607,1508, or 617,1508, Florida . organized under the laws of the State of <u>]</u> registered agent, or both, in the State of F	Florida	his	-
		itian University Theological Seminary Inc.			<del>-</del>
3. The mailing a	ddress (if different):				_
4. Date of incorp	oration/qualification: 12/27/22	Document number: N220000	14345		
	street address of the current regist tment of State: (If resigned, enter n	ered agent and registered office on tile westigned)	ith the		
	MASSENBURG, ANDRE R				
	15151 EASTWOOD TRAIL		_		
	BROOKSVILLE, FL 34604			702	
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered of	Tice 1	7024 JAN 23	
	Registered Agents Inc		: (f)	بن ج	ป
	7901 4th St N STE 300		,, .	NH 10: 39	,
	1	P.O. Box NOT acceptable		ယူ	
	St. Petersburg FL 33702		-	_	
The street addre	ss of its registered office and the be identical.	street address of the business office of it	ts register	red agei	nt,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer s	0	
Durin	a Curwed	Dorenea Gurard  Printed or typed name and to			
•			iti <b>c</b>		••
I further agree i of my duties, an document is bei	o comply with the provisions of a d Lam familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and con he obligation of my position as registere e in the registered office address, I here hange.	nplete per al agent. by confiri	rformai Or, if t n thát t	ice his he
David Schems		1/23/2024			
Sign	nature of Registered Agent	Date			_
If signing on be	half of an entity:				
David Roberts					
T	ped or Printed Name				
	* * * FILIN	KG FEE: \$35.00 * * *			