18745

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: LIVING WORD MINISTRIES INTE (Name of Corporat	RNATIONAL, INC.			
DOCUMENT NUMBER: N28745				
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	following:			
LIBBY BANKS (Name of Contact Person)				
(Name of Contact Po	erson)			
W/NITEDO 4 K/N	IO INO			
WINTERS & KIN (Firm/Company	r)			
	,			
2448 E, 81ST ST, S	UITE 5900			
(Address)				
TULSA, OK 74137-4259 (City/State and Zip Code)				
(City/State and Zip C	Code)			
For further information concerning this matter, please call:				
LIBBY BANKS at ((Name of Contact Person)	918) 494-6868 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department o	f State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
r.U. D0X 032/	Citton bunding			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of \overline{F} registered agent, or both, in the State of Flo	LORIDA
1. The name of	the corporation: <u>LIVING WORE</u>	MINISTRIES INTERNATIONAL,	INC.
2. The principal	office address: 7675 DAVIS B	LVD	
	NAPLES, FL 3	34104	
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 10/07/88	Document number: N28745	
	I street address of the current regist runent of State: (If resigned, enter r	ered agent and registered office on file with esigned)	ı the
	MILBRODT, CHARLES		
	19691 SE 115TH TERR		SEC SEC
	DUNNELLON, FL 34431		2000 DEC 23 SECRETARY TALLAHASSI
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	or May 2
	PETE SMITH		2: 11 STATE LORIE
	7675 DAVIS BLVD (P.O. Box NOT ac	ceptable)	DE 6
	NAPLES, FL 34104		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so
(Signal	ure of an officer or director)	CHARLES MILBRODT/F (Printed or Typed name and tr	PRESIDENT_
I further agree of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ent and agree to act in this capacity. Ill statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	plete performance lagent. Or, if this y confirm that the
7	Kur V	12/15/08	
/	gnature of Registered Agent)	(Date)	
It signing on bo	chalf of an entity:		
	PETE SMITH Typed or Printed Name)	-	

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