

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phonε	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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07/02/18--01013--014 \*\*35.00

SECRETARY OF STATE

C. GOLDEN

JUL 1 8 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

Washington County Christian School Name of Corporation

N95000003679

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Moore, Administrator

Name of Contact Person

Washington County Christian School

Firm/Company

1405 Brickyard Road

Address

Chipley, FL 32428

City/State and Zip Code

wccslions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Moore, Administrator

Name of Contact Person

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



July 5, 2018

DEBBIE MOORE 1405 BRICKYARD ROAD CHIPLEY, FL 32428

SUBJECT: WASHINGTON COUNTY CHRISTIAN SCHOOL, INC.

Ref. Number: N95000003679

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please remove "ADMINISTRATOR" from the registered agents name and signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Člaretha Golden Řégulatory Specialist II

conversation with Ms. Golden

Letter Number: 918A00013864

www.sunbiz.org

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

statement of cho	provisions of sections 607,0502, 617, ange is submitted for a corporation or ar to change its registered office or re	rganized under the laws of the Stat	of Florida
1. The name of	the corporation: Washington Co	ounty Christian School,	INC.
2. The principal	office address: 1405 Brickyard	Road Chipley, FL 32	428
3. The mailing a	address (if different): N/A		
4. Date of incor	poration/qualification: 08/01/95	Document number: N9	5000003679
	d street address of the current register rtment of State: (If resigned, enter res		ile with the
	Jason Haddock,	(resigned)	1 22
	1585 South Blvd.		IDIB J
	Chipley, FL 32428		TILL IE
6. The name and (if changed):	1585 South Blvd.  Chipley, FL 32428  d street address of the new registered agent (if changed) and /or registered office FLORIO Debbie Moore		
	Debbie Moore		RIOA
	5018 Highway 77		
	Graceville, FL 32440	NOT acceptable	
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office	of its registered agent,
•	as authorized by resolution duly ado ne board, or the corporation has beer	pted by its board of directors or by a notified in writing of the change	y an officer so
Eddie 1	g exterceth	Eddie Beckworth, President	
I hereby accept I further garee	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with ar is document is being filed merely to that the corporation has been notific	Printed or typed name at and agree to act in this capacity, statutes relative to the proper and accept the obligation of my post reflect a change in the registered ed in writing of this change.	complete
& lebbi	L. MOO 70 1	06/28/18	
If signing on be	half of an entity:		
Debbie Mo	ore		
T;	yped or Printed Name		

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

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