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MACFARLANE FERGUSON & McMullen

ATTORNEYS AND COUNSELORS AT LAW P.O. BOX 1669 CLEARWATER, FLORIDA 33757

City/State/Zip

THORE #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., C	Officer/ Director	
Limited Liability	Change of Registered	Agent	-
Domestication	Dissolution/Withdraw	val .	
Other	Merger		
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OTHER FILING			
Annual Report	QUALIFICAT	ION	
Fictitious Name	Foreign		

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials 45

Name Reservation

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of §§ 607.0501 and 607.0502, or 607.1508, Fla. Stat., the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is:

ST. PETERSBURG DISTRICT BOARD OF TRUSTEES, UNITED METHODIST CHURCH, INC.

2. The name and address of its present registered age

Cole, Stephen O. 400 Cleveland Street Suite 900 Clearwater, FL 33755

3. The name and street address to which its registered agents to be changed is: (P. O. BOX NOT ACCEPTABLE)

Cole, Stephen O. 625 Court Street Suite 200 Clearwater, FL 33755

- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
- 5. Such change was authorized by resolution duly adopted by its Board of Directors or by an officer of the corporation so authorized by the Board of Directors.

Chairman, Billy R. Yinson

Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FIRTHER AGREE TO COMPLY

THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER

SECTION 607.0505, FLORIDA STATUTES.

Print Name Stephen O Cole