3/6/2019

## 600000269

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

\_\_\_\_\_

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*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 MIKE KRUGER MINISTRIES, INC.

Certificate of Status	0
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Page Count	02
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Help

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

statement of ch	unge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of		
	the corporation: Mike Kruger Ministries			
2. The principa	l office address: 5147 FLICKER FIELD	CIRCLE		
SARASOTA	A, FL 34231			
•	address (if different): <u>PO BOX 19291</u> A, FL 34276			
4. Date of incor	rporation/qualification: 05/21/1996	Document number: N9600002699		
	d street address of the current registered artment of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)		
	KRUGER, MARJORIE I			
	5147 FLICKER FIELD CIRCLE			
	SARASOTA, FL 34231			
6. The name an (if changed):	•	gent (if changed) and /or registered office		
	Registered Agents Inc.			
	7901 4th St N STE 300	OT acceptable		
P.O. Box NOI acceptable				
	St. Petersburg FL 33702			
The street addr as changed wil	ress of its registered office and the stre l be identical.	et address of the business office of its registered agent,		
Such change wanthorized by t	as authorized by resolution duly adopt he board, or the corporation has been i	ted by its board of directors or by an officer so notified in writing of the change.		
	arjorie Kruger	Marjorie Kruger, Director  Printed or typed name and title		
I further agree performance of	f my duities, and I am familiar with and	••		
Bee Han	ne	3/6/19		
Sig	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
Bill Havre				
	Typed or Printed Name			
	* * * FILING I	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)