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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2008 JUL 16 AM 9: 11

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJECT: St. Peter's Antiochian Orthodox Catholic Church (Name of Corporation)					
DOCUMENT NUMBER: N97000003849					
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:					
	Catherine D McKham				
(Name of Contact Person)					
St. Peter's Antiochian Orthodox Catholic Church (Firm/Company)					
1811 N. W. 4th Court (Address)					
Miami, Florida 33136					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Cathe	erine D McKham at (Name of Contact Person)	(786) 573-0290 (Area Code & Daytime Telephone Number)			
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			

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of $_$	Florida	
1. The name of	the corporation: St. Peter's Antiochian Or	rthodox Catholic Church, truc.		
2. The principal Miami, Flor	office address: 1811 N. W. 4th Court			
3. The mailing				
4. Date of incor	poration/qualification: 07/071997	Document number: N970000	003849	
	d street address of the current registered a artment of State:	gent and registered office on file wit	th the	
	Lloyd, G. Leroy III		_	
1811 N. W. 4th Court				
	Miami, Florida 33136		ZIDIB TAE	
Miami, Florida 33136 6. The name and street address of the new registered agent (if changed) and /or registered office Fig. 16. (if changed):				
	Catherine D McKham		SEE R	
	8792 S. W. 213th Lane		FLOGE	
	(P.O. Box NOT acceptable)			
	Cutler Bay, Florida 33189		"	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
Florence	ture of an officer of director)	Florence Nicholls (Printed or typed name and	title)	
I firther noree	t the appointment as registered agent an to comply with the provisions of all stat nd I am familiar with and accept the obl ving filed merely to reflect a change in th is been notified in writing of this change	tutes relative to the proper and con	nplete performance d agent. Or, if this by confirm that the	
ather	m & Makham)	July 10, 2008		
(S	ignature of Registered Agout)	(Date)		
If signing on b	ehalf of an entity:			
	(Typed or Printed Name)			

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