## N97000005704

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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08/13/14--01005--022 \*\*35.00

SECRETARY OF STATE

C.M. 8-24-14

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: Sanfard Ministers Fellowship ? Name of Corporation	The.  SECURE STATE OF SHAPE OF
DOCU	MENT NUMBER: 19700005704	77 <b>3</b>
The end	closed Statement of Change of Registered Office/Agent and fee an	re submitted for filing
Please	return all correspondence concerning this matter to the following:	
	Jeffrey B-Kvar Name of Contact Person	
	Firm/Company	<del> </del>
	107 Ramble wood Dr	
	Firm/Company  107 Rayble wood Dr  Address  Sandard F( 3)  City/State and Zip Code	2773
	imkra 11777@att. net	-
	E-mail address: (to be used for future annual repo	ort notification)
For fur	rther information concerning this matter, please call:	
	) (h . / (	3 (4 -866 Z & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the Department of State.	
	Amendment Section Amend Division of Corporations Division P.O. Box 6327 Clifton	Address: ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: Sandal Ministers Fellauship
2. The principal office address: (Was) 1800 S Squirel Ave Saubol F1 327
3. The mailing address (if different): 107 Ramble wood Dr Sanfoel Fl. 32773
4. Date of incorporation/qualification: 1997 Document number: N970000 5704
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Bob Gregory Ced
1800 S Sanfael Ave Deces
Sawfred Fl 32771
6. The name and street address of the new registered agent (if changed) and /or registered office; (if changed):
Left Kall
P.O. Box NOT acceptable  Say First S2773
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.
Suprature of an officer or director  Suprature of an officer or director  Suprature of an officer or director  Printed of typed name and title
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 8-11-2014 Date
If signing on behalf of an entity:
Thread on Drinted No.

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