## N97000005863

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: SOUTHWEST CHURCH OF CHRIST OF MIAMI, INC.				
(Name of corporation)				
DOCUMENT NUMBER: N97000005863				
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:				
David A. Scott				
(Name of contact person)				
SOUTHWEST CHURCH OF CHRIST OF MIAMI, INC.				
(Firm/Company)				
9010 SW 186 Terrace				
(Address)				
Miami, FL 33157				
(City/state and zip code)				
For further information concerning this matter, please call:				
David A. Scott at ( 305 ) 284-3021				
(Name of contact person) (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 Tallabases FL 32314 Tallabases FL 32314 Tallabases FL 32314				

CR2E045(6/04)

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Starganized under the laws of the State of $\overline{\ ullet}$	orida
in orde	er to change its registered office or re	gistered agent, or both, in the State of Flor	rida.
1. The name of	the corporation: Southwest Church of	of Christ of Miami, Inc.	
2. The principal	office address: 11739 North Boulev	ard	
Tampa, FL	33612		
3. The mailing a	address (if different):		~
4. Date of incorp	poration/qualification: October 16, 1	997 Document number: N97000005	5863
	d street address of the current register rtment of State;	ed agent and registered office on file with	the
	Cloyce Jackson - (deceased)		
	11739 North Boulevard		4.0
	Tampa, FL 33612		SECOND SECOND
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	85× - 1
	David A. Scott		PR 2: E.F.LOF
	9010 SW 186 Terrace		: 26
	(P.O. Box NOT accept	ptable)	
	Miami, FL 33157		
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its i	registered agent,
Such change wa authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an of notified in writing of the change.	fficer so
) (Signali	ure of an officer or dissector)	David A. Scott (Printed or typed name and title	•
I hereby accept I further agree of my duties, ar document is become	the appointment as registered agent to comply with the provisions of all an familiar with and accept the ing filed merely to reflect a change is been notified in writing of this characteristics.	nt and agree to act in this capacity, statutes relative to the proper and comp cobligation of my position as registered in in the registered office address, I hereby unge.	lete performance agent. Or, if this confirm that the
am	1 0 50011	February 1, 2005	
•	gnature of Registered Agent)	(Date)	
	Typed or Printed Name)	•	

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