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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: Word of Fre Ministres, Inc.	
11000	
DOCUMENT NUMBER: N990000543-1	*
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the following:	.3**
Veun Chisholm Name of Contact Person	•
Word of fice Ministres, Inc	
RO Box 606	
Address	,
10 1 1 10 0 22002	· du F
City/State and Zip Code	
and the state of t	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Varia Marchina Stazis MAG-10	9102
Name of Contact Person Area Code & Daytime Telepho	ne Number
and the sold free the sold sold sold sold sold sold sold sold	•
Enclosed is a \$35.00 check made payable to the Department of State.	
and the second of the second o	
Mailing Address: Street Address:	•
Amendment Section Amendment Section Division of Corporations Division of Corporations	I
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center C	ircle

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: Word of Fire Ministries, Inc.
2. The principal office address: 214 Dairy Rd Aubundale Ft 33822
3. The mailing address (if different): P.D. Pox LeDle Buburndale Pt. 3387
4. Date of incorporation/qualification: 1999 Document number: N990000 5437
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)
Resigned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lakeland FL 33803
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.
Signature of an officer of director Printed or 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.
Man Civelors Societary 8/11/2017
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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