N9900005437

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COVER LETTER

Division of Corporations		
SUBJECT: Word of file Munistries, Inc Name of Corporation		
DOCUMENT NUMBER: N9900005437		
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:		
Hevin Chisholm Name of Contact Person		
Word of fire Ministries Inc		
Po Box 600 Address		
Auburndale FL 33823 City/State and Zip Code		
E-mail address: (to be used for future annual-report notification)		
For further information concerning this matter, please call:		
Kevin Chisolm Name of Contact Person at (863) 409-6963 Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address: Amendment Section Amendment Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive 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 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 five Ministries, Inc. 2. The principal office address: 244 Dairy Rd Aubumdale Fl 3360
3. The mailing address (if different): PO BOX: 604 Auburndale, FL 338
4. Date of incorporation/qualification: 1999 Document number: W9900005437
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) Pessoned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Casie Parker 4018 Winter Lake Rol P.O. Box NOT acceptable P.O. Box NOT acceptable Registered office 1
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. Chi Shom, President 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. Signature of Registered Agent Signature of Registered Agent
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 * * *