P03000051480

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· .
	Office Use On	



05/23/06--01004--003 **35.00



RA Chg. 1B

COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: пn Corporation) lame of

DOCUMENT NUMBER: PO300051480

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:

(Name of Contact Person)
Registered Corporate agents, Inc (Firm/Company)
612 S. MLK JR AVE (Address)
<u>Cliarwater</u> , FL 33756 (City/State and Zip Code)

For further information concerning this matter, please call:

CR2E045 (8/05)

onn racud <u>777</u>) <u>447-9546</u> (Area Code & Daytime Telephone Number) n

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

in order to change its registered office or registered agent, or both, in the State of Florida.	2 000
1. The name of the corporation: Christian Corner, Inc.	1510 KE
2. The principal office address: 82 COMMERCIAL Way	AY PART
Spring Hill I FL 34606	23 SORPE
3. The mailing address (if different):	HE ORA
4. Date of incorporation/qualification: 5/9/2003 Document number: P0300005/480	۰° - ف

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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.

Printed or typed nam Signature of an officer

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 accument 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)

If signing on behalf of an entity:

Typed or Printed Name?

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)