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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CHRISTIAN BUILDERS OF BREVARD MUC (Name of Corporation)
DOCUMENT NUMBER: P0600063985
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:
ANTWAUN RAINES (Name of Contact Person)
CHRISTIAN BUILDERS OF BREVARD INC (Firm/Company)
P.O. BOX 361804 (Address)
MELBOURNE FL 32936 (City/State and Zip Code)
For further information concerning this matter, please call:
ANTWAUN RAINES at (321) 652-836) (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 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

4. Date of incorporation/qualification: 05/02/2006 Document number: P0600063985 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ANTWAUN RAINES
1455 GLENCOUE AUE ES S
PALM BAY FL 32907 III III III III III III III III III I
PALM BAY FL 32907 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ANTWAUN RAINES 1081 SAN MATIO ST (P.O. Box NOT acceptable) PALM BAY FL 32909
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 or director) ANTWAUN RAINES Pres. (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. Lintuan Lainh (Date) 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
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