## P10000005427

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TALLAHASSEE FLORIE

C.COULLIETTE

MAY 18 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: CHURCH STEWARDSHIP SERVICES, INC.  Name of Corporation
DOC	JMENT NUMBER: <u>P10000005427</u>
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JOAN MINTERN  Name of Contact Person
	Firm/Company
	2453 Fallon Blvd. NE Address
	Palm Bay FL 32907 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
J	OAN MINTERN at (321 ) 288-2367 Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CHURCH STEWARDSHIP SERVICES, INC.
2. The principal office address: 2453 Fallon Blvd. NE, Palm Bay FL 32907
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>January 15, 201</u> Document number: <u>P10000005427</u>
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)
MICHAEL P. MINTERN
2453 Fallon Blvd. NE
Palm Bay FL 32907
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOAN MINTERN TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T
2453 Fallon Blvd. NE P.O. Box NOT acceptable
Palm Bays FI 332007
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-spi authorized by the board, or the corporation has been notified in writing of the change.
JOAN MINTERN Signature of an afficer or 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.
Signature of Registered Agent  5/10/10  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

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