The above harned entity submits this statement for the purpose of changing its registered once of registered agent, or both, in the state of Plonda.					
SIGNATURE	: VARDEN STUART FITZGERALD			03/11/2019	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PSD	Title	V		
Name	FITZGERALD, VARDEN S	Name	MOODY, GENE		
Address	2515 BYRON ST	Address	805 CAMELLIA AVE.		
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ALTAMONTE SPRINGS FL 3271	4	
Title	ATD	Title	TD		
Name	FITZGERALD, VARDEN S	Name	MOODY, GENE		
Address	2515 BYRON STREET	Address	805 CAMELLIA AVE.		
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ALTAMONTE SPRINGS FL 3271	4	
Title	S				
Name	STOLTZ, JOSHUA C				
Address	8800 MISHAWAKA AVE				

1919 HARRELL ROAD ORLANDO, FL 32817

Entity Name: CHURCH OF CHRIST, INC.

Current Principal Place of Business:

Current Mailing Address:

1919 HARRELL ROAD ORLANDO, FL 32817

FEI Number: 59-1161601

Name and Address of Current Registered Agent:

FITZGERALD, VARDEN STUART 2515 BYRON STREET ORLANDO, FL 32817 US

City-State-Zip: ORLANDO FL 32817

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: VARDEN STUART FITZGERALD

PRESIDENT

03/11/2019

FILED Mar 11, 2019 Secretary of State 8197394444CC

Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail

Date

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713750