	8016 KIAWAH T	icipal Place of Business: R JCIE, FL 34986			
	Current Mai	ling Address:			
	8016 KIAWA PORT SAIN ⁻	H TR I LUCIE, FL 34986			
FEI Number: 65-0061610				Certificate of Status Desired: No	
	Name and A	ddress of Current Registered Agent:			
LATCHMAN, ALINDA S 8016 KIAWAH TR PORT SAINT LUCIE, FL 34986 US					
	The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	orida.
	SIGNATURE				
		: ALINDA LATCHMAN			02/18/2016
		Electronic Signature of Registered Agent			02/18/2016 Date
	Officer/Dire	Electronic Signature of Registered Agent			
		Electronic Signature of Registered Agent	Title	т	
	Officer/Diree	Electronic Signature of Registered Agent	Title Name	T MURPHY, IAN	
	Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PD			
	Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PD LATCHMAN, DANIEL 8016 KIAWAH TR	Name	MURPHY, IAN 458 SE VOLTAIR TERRACE	
	Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD LATCHMAN, DANIEL 8016 KIAWAH TR	Name Address	MURPHY, IAN 458 SE VOLTAIR TERRACE	
	Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PD LATCHMAN, DANIEL 8016 KIAWAH TR PORT SAINT LUCIE FL 34986	Name Address	MURPHY, IAN 458 SE VOLTAIR TERRACE	
	Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PD LATCHMAN, DANIEL 8016 KIAWAH TR PORT SAINT LUCIE FL 34986 SD	Name Address	MURPHY, IAN 458 SE VOLTAIR TERRACE	
	Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD LATCHMAN, DANIEL 8016 KIAWAH TR PORT SAINT LUCIE FL 34986 SD LATCHMAN, KAMIVADIN	Name Address	MURPHY, IAN 458 SE VOLTAIR TERRACE	

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: DANIEL LATCHMAN

PD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N24759

Entity Name: BELIEVERS BIBLE FELLOWSHIP, INC.

Current Principal Place of Business

FILED Feb 18, 2016 Secretary of State CC4780895944

Date