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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

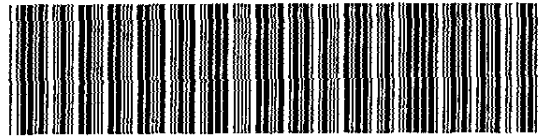
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Lion's Heart Ministries, Inc.
(Name of corporation)

DOCUMENT NUMBER: F02000006009

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:

WILLIAM E. CASSADA, PRESIDENT
(Name of person)

The Lion's Heart Ministries, Inc.
(Name of firm/company)

P. O. Box 421
(Address)

Englewood, FL 34295
(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM E. CASSADA, PRESIDENT at (941) 423-1105
(Name of 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
409 E. Gaines
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 61 7. 0502, 607. 1508, or 61 7. 1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of COLORADO in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Lion's Heart Ministries, INCORPORATED
- 2. The principal office address: 5562 E. 128TH CT
THORNTON CO 80241
- 3. The mailing address (if different): P. O. Box 421
ENGLEWOOD FL 34295
- 4. Date of incorporation/qualification: JULY 19, 1999 Document number: F0200006009

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

BARBARA CASSADA
320 BOULDER DR
VENICE FL 34293

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

BARBARA CASSADA
1584 OKETO ST
(P.O. 130X or personal mailbox NOT acceptable)
NORTH PORT FL 34286

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.

William E. Cassada
(Signature of an officer, chairman or vice chairman of the board)

WILLIAM E. CASSADA, PRESIDENT
(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.

Barbara Cassada
(Signature of Registered Agent)

AUGUST 13, 2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314