Current Pri	ncipal Place of Business:			
6608 OLD KIN	GS ROAD			
JACKSONVILL	E, FL 32219			
•				
Current Ma	iling Address:			
306 FAWNF				
ORANGE P	ARK, FL 32073			
FEI Number: 59-3248907		Certificate of Status Desire	ed: No	
Name and A	Address of Current Registered Agent:			
JAMES, MICH 306 FAWNRID ORANGE PAR				
The above name	d entity submits this statement for the purpose of changing its reo	nistered office or reals	tered agent or both in the State of Florid	а
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florid	a.
The above name SIGNATUR	E:	istered office or regis	tered agent, or both, in the State of Florid	
		istered office or regis	tered agent, or both, in the State of Florid.	a. Date
SIGNATUR	E:	istered office or regis	tered agent, or both, in the State of Florid	
SIGNATUR	E: Electronic Signature of Registered Agent	istered office or regis	stered agent, or both, in the State of Florid	
SIGNATUR Officer/Dire	E: Electronic Signature of Registered Agent			
SIGNATUR Officer/Dire	E: Electronic Signature of Registered Agent ector Detail : P	Title	S	
SIGNATUR Officer/Dire Title Name Address	E: Electronic Signature of Registered Agent ector Detail : P JAMES, MICHAEL SR	Title Name	S JAMES, SOLANICA S 2375 SHARON LAKE DRIVE	
SIGNATUR Officer/Dire Title Name Address	E: Electronic Signature of Registered Agent Cector Detail : P JAMES, MICHAEL SR 306 FAWNRIDGE LN	Title Name Address	S JAMES, SOLANICA S 2375 SHARON LAKE DRIVE	
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	E: Electronic Signature of Registered Agent Cector Detail : P JAMES, MICHAEL SR 306 FAWNRIDGE LN ORANGE PARK FL 32073	Title Name Address	S JAMES, SOLANICA S 2375 SHARON LAKE DRIVE	
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: Electronic Signature of Registered Agent Ector Detail : P JAMES, MICHAEL SR 306 FAWNRIDGE LN ORANGE PARK FL 32073	Title Name Address	S JAMES, SOLANICA S 2375 SHARON LAKE DRIVE	

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: SOLANICA JAMES

SECRETARY

03/01/2014

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9500002830

Entity Name: TABERNACLE OF FAITH AND DELIVERANCE MINISTRIES INC.

. .

Date