6608 OLD KIN JACKSONVILL				
Current Ma	iling Address:			
306 FAWNF ORANGE P	RIDGE LN ARK, FL 32073			
FEI Number: 59-3248907			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
JAMES, MICH 306 FAWNRID ORANGE PAR				
	K, FL 32073 US			
The above name		tered office or regis	tered agent, or both, in the State of Floric	da.
The above name	K, FL 32073 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Floric	da.
	K, FL 32073 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Floric	da. Date
SIGNATUR	K, FL 32073 US d entity submits this statement for the purpose of changing its regis E:	tered office or regis	tered agent, or both, in the State of Floric	
SIGNATUR	K, FL 32073 US d entity submits this statement for the purpose of changing its regis : Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Florid	
SIGNATUR	K, FL 32073 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent Petor Detail :			
SIGNATURI Officer/Dire	K, FL 32073 US d entity submits this statement for the purpose of changing its regis Electronic Signature of Registered Agent Ctor Detail : P	Title	S	
SIGNATURI Officer/Dire Title Name Address	K, FL 32073 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent P JAMES, MICHAEL SR	Title Name	S JAMES, SOLANICA S 2375 SHARON LAKE DRIVE	
SIGNATURI Officer/Dire Title Name Address	K, FL 32073 US d entity submits this statement for the purpose of changing its regis Electronic Signature of Registered Agent Ctor Detail : P JAMES, MICHAEL SR 306 FAWNRIDGE LN	Title Name Address	S JAMES, SOLANICA S 2375 SHARON LAKE DRIVE	
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	K, FL 32073 US d entity submits this statement for the purpose of changing its regis Electronic Signature of Registered Agent Ctor 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	K, FL 32073 US d entity submits this statement for the purpose of changing its regis Electronic Signature of Registered Agent Ctor Detail : P JAMES, MICHAEL SR 306 FAWNRIDGE LN ORANGE PARK FL 32073 T	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

06/11/2015

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9500002830

Entity Name: TABERNACLE OF FAITH AND DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

Date