

705654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 10/4/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ringling College of Art and Design, Inc
Name of Corporation

DOCUMENT NUMBER: 705654

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:

Monica K. Waid, Assistant VP Finance & Administration
Name of Contact Person

Ringling College of Art and Design, Inc
Firm/Company

2700 N. Tamiami Trail
Address

Sarasota, FL 34234-5895
City/State and Zip Code

mwaid@ringling.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica K Waid at (941) 359-7514
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2011

MONICA K. WAID
RINGLING COLLEGE OF ART AND DESIGN, INC.
2700 N. TAMiami TRAIL
SARASOTA, FL 34234-5895

SUBJECT: RINGLING COLLEGE OF ART AND DESIGN, INC.
Ref. Number: 705654

We have received your document for RINGLING COLLEGE OF ART AND DESIGN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. ✓

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00020912

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Ringling College of Art and Design, Inc
- 2. The principal office address: 2700 N. Tamiami Trail
Sarasota, FL 34234-5895
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/12/1933 Document number: 705654

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert Kimbrough
1530 Cross St.
Sarasota, FL 34236

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

Robert Kimbrough
727 S. Orange Ave.
P.O. Box NOT acceptable
Sarasota, FL 34236

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DIVISION OF CORPORATIONS
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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.

[Signature]
Signature of an officer or director

LARRY R. THOMPSON, 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.

[Signature]
Signature of Registered Agent

Sept 27, 2011
Date

If signing on behalf of an entity:

Robert A. Kimbrough
Typed or Printed Name

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

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