708152

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200060159192

Change

SECRETARY OF STATE SECRETARY OF STATE

10/18/05 10/18/05

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: International Swimming HALL of Fame (Name of Corporation)					
DOCUMENT NUMBER: 708152					
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:					
Bruce Wigo (Name of Contact Person)					
International Swimming HALL of FAME (Firm/Company)					
HAU of FAME DR. (Address)					
For Lauberdale FL 33316 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Bruce Wigo at (954) 467-6536 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607, statement of change is submitted for a corp			
in order to change its registered of			
1. The name of the corporation:	nternationer		HALL of FAME, In
2. The principal office address:	HAU of		
F	t. Lauserdi	4cv, FL 33	3316
3. The mailing address (if different):			
4. Date of incorporation/qualification:	8/15/69 Do	cument number:	708512
5. The name and street address of the curre Florida Department of State:	ent registered agent and	registered office on file	with the
D	venkel, Ro	beer	
	2132 N.E.	17th Tex	
Fc	ORT LAUSE		SE S
6. The name and street address of the new (if changed):	•		I B
B	voce Wig	0	FR Z D
	VCE Wightham of Front NOT acceptable)	ame Dr.	
F4.	ox NOT acceptable) LAUDER OF AC	E, FL 3331	'b
The street address of its registered office as changed will be identical.	and the street address	of the business office	of its registered agent,
Such change was anthorized by resolutio authorized by the board, or the corporation	n duly adopted by its been notified in	oard of directors or by writing of the change.	an officer so
(Signature of an officer or director)	<u> </u>	Bruce Wigo	PRESIDENT
I hereby accept the appointment as regis. I further agree to comply with the provision of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing		to act in this capacity. tive to the proper and if my position as regist red office address, I h	complete performance tered agent. Or, if this ereby confirm that the
(Signature of Registered Agent)	Vigo	10/13/0 (Dayte)	5
If signing on behalf of an entity:		-	
Brue Wigo			
(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 CR2E045 (8/05)