

10/27/2016

711458

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
BARRY UNIVERSITY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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2016 OCT 27 A 8:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 T. LEMUEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BARRY UNIVERSITY, INC.
Name of Corporation

DOCUMENT NUMBER: 711458

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:

Kim Klotz
Name of Contact Person

C T Corporation System
Firm/Company

3 Winners Circle
Address

Albany NY 12205
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Klotz at (518) 451-8087
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

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: BARRY UNIVERSITY, INC.
- 2. The principal office address: 11300 N.E. SECOND AVENUE, ROOM 105 FARRELL HALL
MIAMI, FL 33161
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/08/1966 Document number: 711458

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)
Dudgeon, David
11300 NE SECOND AVE, LaVoie Hall # 209
Miami, FL 33161

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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TALLAHASSEE, FL 32302

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.

David Dudgeon Signature of an officer or director David Dudgeon, Secretary 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.

By: C T Corporation System 10/27/2016
Janifer Vincent Signature of Registered Agent Date

If signing on behalf of an entity:
Janifer Vincent, Vice President & Assistant Secretary
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 (03/12)