

741921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

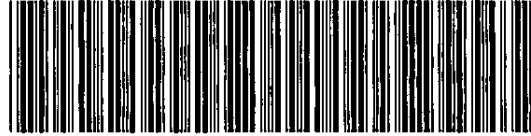
(Business Entity Name)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIT Museum of Art, Inc.
Name of Corporation

DOCUMENT NUMBER: 741921

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:

Brenda Brown

Name of Contact Person

Florida Institute of Technology, Inc.

Firm/Company

150 W. University Blvd.

Address

Melbourne, FL 32901

City/State and Zip Code

brendabrown@fit.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Brown

Name of Contact Person

at (321) 674-7420

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

January 13, 2016

BRENDA BROWN
FLORIDA INSTITUTE OF TECHNOLOGY, INC.
150 W. UNIVERSITY BLVD
MELBOURNE, FL 32901

SUBJECT: FIT MUSEUM OF ART, INC.
Ref. Number: 741921

We have received your document for FIT MUSEUM OF ART, 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 416A00000865

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: FIT Museum of Art, Inc.
2. The principal office address: 150 W. University Blvd. Melbourne, FL 32901
3. The mailing address (if different): same
4. Date of incorporation/qualification: 03/08/1978 Document number: 741921

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)

Brenda Brown
150 W. University Blvd.
Melbourne, FL 32901

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

Cathy R. Wood
150 W. University Blvd.
Melbourne, FL 32901
P.O. Box NOT acceptable

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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 of Brenda M. Brown]
Signature of officer or director

Brenda M. Brown, Controller
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 of Cathy R. Wood]
Signature of Registered Agent

10/2/15
Date

If signing on behalf of an entity:

Cathy R Wood
Typed or Printed Name

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