741921

(Re	equestor's Name)	
(Ad	ddress)	
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JAN 0 5 2019 S. YOUNG

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:

Patrick F. Healy

Name of Contact Person

Office of General Counsel, Florida Institute of Technology

Firm/Company

150 W. UNIVERSITY BLVD.

Address

MELBOURNE, FL 32901

City/State and Zip Code

phealy@fit.edu

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

For further information concerning this matter, please call:

Patrick F. Healy

ر ع ا اها 674-8756

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

 $(\mathbf{a}_{i}, \mathbf{a}_{i}) \in \mathbf{A}_{i}$

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: FIT Museum of Art, INC.
2. The principal	office address: 150 W. UNIVERSITY BLVD. MELBOURNE, FL 32901
	
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 03/08/1978 Document number: 741921
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Cathy Wood
	150 W. UNIVERSITY BLVD. MELBOURNE, FL 32901
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office P
	Patrick F. Healy 32
	Office of General Counsel, Florida Institute of Technology P.O. Box NOT acceptable
	150 W. UNIVERSITY BLVD. MELBOURNE, FL 32901
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	Thains Mc Can President & (E)
I further agree to performance of a gent. Or, if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Ju >	12-17-18 Date Date
Sign If signing on bel	native of degistered Agent Bate half of an entity:
Гу	ped or Printed Name

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