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SECRETARY OF STATE
TALLAHASSEE. FLORIDA





COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: The EDC Foundation for Edu Name of Corporation	ucation, Inc.					
DOCUMENT NUMBER: N0000000	5959					
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.					
Please return all correspondence concerning this matter to the fo	ollowing:					
	J					
Amy Cutter Mulfo	ord son					
Economic Development Commiss	sion of Mid-FL, Inc.					
Firm/Company						
301 East Pine Street, S	Suite 900					
Address						
Orlando, FL 32801 City/State and Zip Code						
City/State and Zip Code						
Amy.Mulford@OrlandoE						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Amy Mulford at (407 \ 422,7159					
Name of Contact Person A	407 422-7159 rea 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	Street Address: Amendment Section Division of Corporations Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha		orporation organiz	, 607.1508, or 617.1508, I ed under the laws of the S ed agent, or both, in the S	State of Florida	
			ndation For E Suite 900, Orlando,	ducation, Inc	<u> </u>
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	2000	Document number:	N0000005959	
	l street address of the cur tment of State: (If resign		ent and registered office o	n file with the	
	Michael L. Bobroff	- Resigned			
	301 East Pine Stre	et, Suite 900,	Orlando, FL 32801	ZDIZ SEC	
6. The name and (if changed):	I street address of the nev	w registered agent	(if changed) and /or regis	23 ARY 0 SSEE] : :
	301 East Pine Stre	et, Suite 900, P.O. Box NOT a		A II: 45	j
The street addre	ess of its registered offic be identical.	e and the street a	ddress of the business of	fice of its registered agent	,
Such change wa	as authorized by resolutione board, or the corporat	ion duly adopted ition has been noti	by its board of directors fied in writing of the cha	or by an officer so	
Signatur	re of an officer of director		Rick L. Wed	dle, President	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regite comply with the provided I am familiar with and ng filed merely to reflect been notified in writing	istered agent and isions of all statut daccept the oblight a change in the gof this change.	agree to act in this capa les relative to the proper ation of my position as r registered office address	city. and complete performanc egistered agent. Or, if thi s, I hereby confirm that the	e s e
Sign	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	Rick L. Weddle				
13	y peur of a fifficu inaffic				

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