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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: Chi Psi Omega Plus, Inc. (Name of Co	erporation)
DOCU	MENT NUMBER: N06000003766	
The end	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.
Piease	return all correspondence concerning this matter	to the following:
	Barbara Thomas (Name of Con	tact Person)
	Chi Psi Omega Plus, Inc.	mnany)
	(FillibCol	iipaiiy)
	PO Box 771855	
	(Addr	ess)
	Coral Springs, FL 33077 (City/State and	Zip Code)
For furt	ther information concerning this matter, please ca	•
Barbar	ra Thomas	at (954) 698-6277 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departm	nent 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; Chi Psi Omega, Plus, Inc.
2. The principal office address: 1240 SW 6 Way
Deerfield Beach, FL 33441
3. The mailing address (if different): P O Box 771855
Coral Springs, FI 33077
4. Date of incorporation/qualification: May 18, 2006 Document number: N06000003766
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Mary McDuffie
5212 NW 66th Avenue
Lauderhill, FL 33319
5212 NW 66th Avenue Lauderhill, FL 33319 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Gloria J. Battle 1240 SW 6 Way
Gloria J. Battle
1240 SW 6 Way
(P.O. Box NOT acceptable)
Deerfield Beach, FI 33441
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.
Gloria J. Battle, Treasurer/Board of Dirs. (Signature of spycolicer or director) (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.
Glein Battle November 15, 2006
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(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

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