

# NO6542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

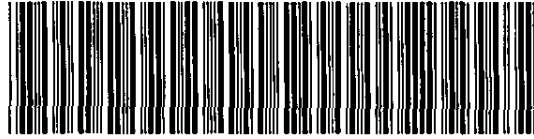
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
13 NOV 14 AM 10:08

FILED  
2013 NOV 14 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
11/14/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** N06542

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:

**Terrell C. Madigan**  
Name of Contact Person

**Madigan Law Firm, P.L.**  
Firm/Company

**Post Office Box 10321**  
Address

**Tallahassee, Florida 32302**  
City/State and Zip Code

**tmadigan@madiganlawfirm.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Terrell C. Madigan** at ( **850** ) **224-8623**  
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: THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC.
2. The principal office address: 2410 MAHAN DR., SUITE 2  
TALLAHASSEE, FL 32308 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/7/1984 Document number: N06542

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)

RESIGNED Deanna Menesses

2410 Mahan Dr., Suite 2

Tallahassee, FL 32308

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Terrell C. Madigan

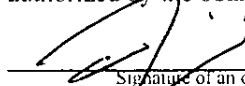
Madigan Law Firm, P.L.

P.O. Box NOT acceptable

215 East Tharpe Street, Tallahassee, Florida 32303

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

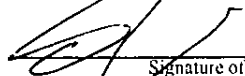
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Terrell C. Madigan, Attorney and Authorized Agent

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 Registered Agent

November 12, 2013

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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