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COVER LETTER

ropane Education Foundation of Florida Inc. Name of Corporation

DOCUMENT NUMBER: N 09 000006916
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:
Shari Summer Name of Contact Person
Mame of Contact Person G. David Rogers & Associates Firm/Company
1026 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Shari Sunner at (850) 684-0496 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section Division of Corporations

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: Propane Education Foundation of Florida Inc
2. The principal office address: 2015. Wonrue Street, UnitA
Tallahassee, Fi 32301
3. The mailing address (if different): PO BOY 11026
Tallahassee F2 32302
4. Date of incorporation/qualification: 2009 Document number: NO9 00000 691 6
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)
G. David Rogers
2015. Monroe Arcet
Tallahassee, F2 32301
6. The name and street address of the new registered agent (if changed) and /or registered office of the control of the contro
Tallahassee, F2 32301
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
Mack Hacker Tyesident Signature of an officer or director Mack Hacker Tyesident 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 ji 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.
4-9-15
Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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