N140000 10807

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	· · · · · · · · · · · · · · · · · · ·			

Same -- Office/Use Only



500267547005

12/24/14--01005--020 **35.00

TALLAHASSEE FLORIDA

SECRETARY OF STATE

DEC 31 2014 T. CARTER

COVER LETTER

TO: Amendar Division	nent Section n of Corporations	
	itary Officers Association of Americ ucational and Scientific Funds, Inc. Name of Corp	
	N14000010807	oration .
DOCUMENT N	NUMBER:	
The enclosed St	atement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Henry F. Erkelens	
·	Name of Contact	ct Person
	Firm/Comp	pany
	22 N. St. Augustine BLVd	
	Addres St. Augustine, FL 32082	S
	City/State and Z rik.erkelens@gmail.com	Zip Code
	E-mail address: (to be used for futu	re annual report notification)
_	mation concerning this matter, please cal	l:
Henry F. Erke	elens	904 823-8643
<u> </u>	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

#13

BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S	
	ange is submitted for a corporation organized under the laws of the State of ${f F}$	
	er to change its registered office or registered agent, or both, in the State of F Military Officers Association of America, Ancient C	
1. The name of	the corporation: Educational and Scientific Funds, Inc.	
2. The principa ST AUGU	1033 INVERNESS DR., STINE, FL 32092-2787	
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 11/19/2014 Document number: N14000	010807
	d street address of the current registered agent and registered office on file wit artment of State: (If resigned, enter resigned)	th the
	Howard O. McGillin, Jr. / Allegiance Law Group PL	
	304 Kingsley Lake Drive, Suite 602	SEI TALI
	St. Augustine, FL 32092	ECRETAR LLAHASS
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered off	22 -
	Henry F. Erkelens	STATE ORID
	22 N. St. Augustine Blvd	A.V
	P.O. Box NOT acceptable St. Augustine, FL 32080	
The street addr as changed wil	ress of its registered office and the street address of the business office of its I be identical.	registered agent,
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so
(Ille	Henry F. Erkelens, Presiden	
I hereby accen	Printed or typed name and title t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp f my duties, and I am familiar with and accept the obligation of my position nis document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	
V V V Si	gnature of Registered Agent Date	
If signing on b	ehalf of an entity:	
	Typed or Printed Name	

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