N15234

(Reques	tor's Name)	
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(Address	5)	
	- 51 - 61	:
(City/Sta	ite/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	
Special instructions to 1 ming	, Onicer.	





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COVER LETTER

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TO: Amendment Section Division of Corporations	•
SUBJECT: Broward County Film Society, Inc Name of Corporation	
DOCUMENT NUMBER: N15234	<u> </u>
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Gregory von Hausch	
Name of Contact Person	
Broward County Film Society, Inc	
Firm/Company	
1314 East Las Olas Blvd #007	
Address	
Fort Lauderdale, FL 33301-2334	
City/State and Zip Code	
Heather@FLIFF.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Gregory von Hausch	at (954-525-345) ext 1001
Name of Contact Person	at (954-525-345) ext 1001 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpo r to change its registered off	502, 617.0502, 607.1508, or 617.1508. Florida Sta ration organized under the laws of the State of <mark>Fla</mark> fice or registered agent, or both, in the State of Fla	orida
1. The name of t	he corporation: Broward Cou	unty Film Society, Inc.	
2. The principal	office address: Savor Cinema	a, 503 SE 6 St. Fort Lauderdale, FL 33301	
3. The mailing a	ddress (if different): 1314 Ea	ist Las Olas Blvd, Ft Lauderdale, FL 33301-2334	
4. Date of incorp	ooration/qualification: 06/03/	Document number: N15234	
	I street address of the current tment of State: (If resigned,	t registered agent and registered office on file with enter resigned)	ı the
	Resigned		
			2091
6. The name and (if changed):	street address of the new re	gistered agent (if changed) and /or registered offic	re '
	1341 SE 9 Ave		ယ်
		P.O. Box NOT acceptable	
	Pompano Beach, FL 33060		
		nd the street address of the business office of its	
Such change wa authorized by the	as authorized by resolution one board, or the corporation	duly adopted by its board of directors or by an o has been notified in writing of the change.	fficer so
	my ma Hauseh	Gregory von Hausch, President & Ch	ΞO
Signatu	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a c been notified in writing of	red agent and agree to act in this capacity, ns of all statutes relative to the proper and comp cept the obligation of my position as registered change in the registered office address. I hereby this change	lete performance agent. Or, if this confirm that the
Herollis	nature of Registered Agent	april 22, 20.	21
If signing on be	half of an entity:		
Heathe	yped 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 * * *