

N98000000425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

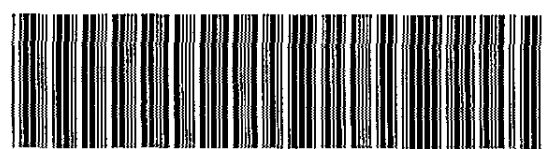
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC. (NON-PROF)
(Name of Corporation)

DOCUMENT NUMBER: N98000000425

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:

FREDERIC W. ROBERTS SR.
(Name of Contact Person)

INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.
(Firm/Company)

9085 ST. ANDREWS WAY
(Address)

MT. DORA, FL. 32757
(City/State and Zip Code)

For further information concerning this matter, please call:

FREDERIC W. ROBERTS SR. at (352) 388-3414
(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: INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.
2. The principal office address: 9085 ST. ANDREWS WAY, MOUNT DORA, FL 32757
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: JAN. 12, 1998 Document number: N 98000080 425

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BRUCE BROWN
4314 HAMMERSMITH DR
CLERMONT FL 34711

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

FREDERIC W. ROBERTS SR
9085 ST. ANDREWS WAY
(P.O. Box NOT acceptable)
MT. DORA, FL 32757

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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: [Handwritten Signature]
(Printed or typed name and title): JOHN MAEST, PRESIDENT

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: [Handwritten Signature]
(Date): JAN. 19, 2006

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
CR2E045 (8/05)