Bj 4Bx Harria	Ant Francisco (145 Address 850 - Fla. 3238 539-9355 TelZip Phone #	Dela Good Good
, J	N NAME(S) & DOCUMENT NUME	Office Use Only BER(S), (if known):
2(Co	rporation Name) (Doct	ument #) Certified Copy Certificate of Status
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Literacy Volunteers 1b. The mailing address of the corporation is : 34/5. <u> 19원</u> Document number: <u>사 9 9 00000</u>1962 1c. Date of incorporation:_ The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable 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. Signature of an officer, chairman or vice chairman of the poard) (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. (Signature of Registered Agent) (Date) If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name)

(Capacity)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	
Literacy Volunteers of Gadsden County, Inc. (must include suffix)	98 J SECKL
2. The name and address of the registered agent and office is:	FILED UL 28 PM 12: 26 HANN OF STATE HASSEE, FLORIDA
Kris Odahowski	26 TE
(NAME)	•
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	
Quincy, Florida 32351	-
(CITY/STATE/ZIP)	•

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.