N06000005319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400214340854

12/21/11--01004--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 21 PM 3:29

RA/RO/ch
@ 12/21/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alliance Francaise de Tallahassee
Name of Corporation

DOCUMENT NUMBER: N06000005319

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:

Mukweso Mwenene
Name of Contact Person

Alliance Francaise de Tallahassee
Firm/Company

POB 3591
Address

Tallahassee, FL 32315-3591
City/State and Zip Code

mmukabi222@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Bradford at (850) 322-0063
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

CR2E045 (8/05)

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: Alliance Francaise de Tallhassee

2. The principal office address: Alliance Française de Tallahassee; 2545 Blairstone Pines Dr Tallahassee, FL 32301

3. The mailing address (if different): P.O. Box 3591, Tallahassee, FL 32315-3591

4. Date of incorporation/qualification: May 16, 2006 Document number: N06000005319

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)

Jackson Sigler

836 Santa Rosa Dr.

Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 21 PM 3:29

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

Mukweso Mwenene

3073 Whirlaway Trail

P.O. Box NOT acceptable

Tallahassee, Fl 32309

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

Jackson Sigler, Director
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, 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

December 18, 2011
Date

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)