

FO0000004179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center for Public Interest Research, Inc.
Name of Corporation

DOCUMENT NUMBER: F00000004179

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:

Francesco Forin

Name of Contact Person

The Public Interest Network

Firm/Company

1543 Wazee St., Suite 400

Address

Denver, CO 80202

City/State and Zip Code

legaladminprogram@publicinterestnetwork.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francesco Forin

Name of Contact Person

at (303) 573-5995 ext. 311

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

Center for Public Interest Research, Inc.
1543 Wazee Street, Suite 400
Denver, CO 80202
303-573-5995, ext. 311

February 6, 2013

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

Re: Statement of Change of Registered Agent

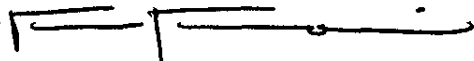
Dear Sir/Madam:

Enclosed are the materials necessary to amend the registered agent office address of the **Center for Public Interest Research, Inc.** (document no. F00000004179), a Massachusetts nonprofit corporation registered to do business in Florida.

I have included a check in the amount of \$35 for the filing fee.

Thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Francesco Forin', with a horizontal line extending to the right.

Francesco Forin
Legal Administrator

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 Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Center for Public Interest Research, Inc.
2. The principal office address: 44 Winter St., 4th Floor, Boston, MA 02108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/18/2000 Document number: F00000004179
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)

Mark Ferrulo926 S Park AvenueTallahassee, FL 32301

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

Mark Ferrulo1010 Central Ave, #209P.O. Box NOT acceptableSt. Petersburg, FL 33705

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]
Signature of an officer or director

Amy Floyd, Executive DirectorPrinted 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]
Signature of Registered Agent

1/13/13
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

CR2F045 (03/12)

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