

711453

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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**REGISTERED AGENT CHANGE
BARRY UNIVERSITY, INC.**

Certificate of Status	0
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Corporate Filing Menu

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11/30/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BARRY UNIVERSITY, INC.

Name of Corporation

DOCUMENT NUMBER: 711458

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:

DUDGEON, DAVID

Name of Contact Person

BARRY UNIVERSITY, INC.

Firm/Company

11300 NE SECOND AVE, LAVOIE HALL #209

Address

MIAMI, FL 33161

City/State and Zip Code

ddudgeon@barry.edu

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

For further information concerning this matter, please call:

Kim Klotz

at (518) 451-8016

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 (03/12)

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: BARRY UNIVERSITY, INC.
2. The principal office address: 11300 N.E. SECOND AVENUE
ROOM 105, FARRELL HALL, MIAMI FL 33161
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/08/1966 Document number: 711458

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)

CT CORPORATION SYSTEM

1200 S PINE ISLAND RD

PLANTATION, FL 33324

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

DAVID DUDGEON

11300 NE SECOND AVE, LAVOIE HALL #209

P.O. Box NOT acceptable

Miami FL 33161

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.

David Dudgeon

Signature of an officer or director

David Dudgeon, Secretary

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.

By:

David Dudgeon

Signature of Registered Agent

11/02/2016

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 (03/12)