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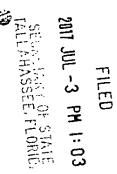
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C. GOLDEN

JUL 1 0 2017

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HILLS BORNIGH ART EDUCATION ASSOCIATION, INC.
DOCUMENT NUMBER: N000000 4627
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:
BILL HAVRE Name of Contact Person REGISTERED AGENTS, INC. Firm/Company 3030 ROCKY POINT DR. #158A Address TAMPA FL. 33607 City/State and Zip Code AGENTO FLORINAREGISTERED AGENT, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: LAURA TIERNEY at (813) 968-7902 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

· nort

Pursuant to the provision	s of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
-	bmitted for a corporation organized under the laws of the State of FLORIDA
in order to chan	ge its registered office or registered agent, or both, in the State of Florida.
1. The name of the corpo	ration: HILLSBORDUGH ART EDUCATION ASSOCIATION, IVEC.
2. The principal office ad	dress: 4600 W. KENNEDY BLVD.
	TIMPA, FL. 33609
3. The mailing address (i	f different): P. O. BOX 75834
	TAMPA FL. 33675
4. Date of incorporation/	qualification: 07/12 2000 Document number: N0000004627
	Idress of the current registered agent and registered office on file with the State: (If resigned, enter resigned)
	ALBERT SALEM (DECEASED)
	4600 W. Kennedy Blvd 50- 2
	Tampa, FL 33609
6. The name and street ac (if changed):	Idress of the new registered agent (if changed) and /or registered office
Regis	tered Agents Inc.
3030 N	I. Rocky Point Dr. STE 150A
Та	P.O. Box NOT acceptable
<u>i amp</u>	a FL 33607
The street address of its as changed will be identi	registered office and the street address of the business office of its registered agent, cal.
Such change was authorized by the board,	zed by resolution duly adopted by its board of directors or by an officer so or the corporation has been notified in writing of the change.
Signature of an offi	LAURA TURNEY TREASURER Printed or typed name and title
	intment as registered agent and agree to act in this capacity. with the provisions of all statutes relative to the proper and complete s, and I am familiar with and accept the obligation of my position as registered ent is being filed merely to reflect a change in the registered office address, I corporation has been notified in writing of this change.
Bee Home	6/27/17
Signature of Re	gistered Agent Date
lf signing on behalf of a	n entity:
Bill Havre	
Typed or Prin	ed Name

* * * FILING FEE: \$35.00 * * *