F07000135

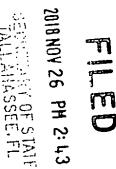
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Fiting Officer:	
Special instructions to	r ming Onicer.	
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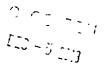
Office Use Only



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11/26/18--01015--008 **35.00





COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: The Actors' Fund of America Incorporated Name of Cor	poration		
DOCU	JMENT NUMBER: F07000001735			
The en	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter t	o the following:		
	Nicole Mosqueira. Compliance Spec	rialist		
	Name of Conta	act Person		
	Perlman & Perlman, LLP			
	Firm/Com	npany		
	1855 W. Baseline Road, Suite 250			
	Addre	ss		
	Mesa, AZ 85202			
	City/State and	Zip Code		
nmosqueira@perlmanandperlman.com E-mail address: (to be used for future annual report notification)				
	2 122.03 (10 00 4300 101 141			
For fu	rther information concerning this matter, please ca	II:		
Nicole	Mosqueira, Compliance Specialist	at (480) 699-8270		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclos	sed is a \$35.00 check made payable to the Departm	nent 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

statement of cha	ange is submitted for a co	rporation organi	2, 607.1508, or 617.1508, FI zed under the laws of the Sta	ate of New York	
	-	_	red agent, or both, in the Sta	ate of Florida.	
	the corporation: The Acto				
2. The principal	office address: 729 Seve	nth Avenue, 10th	Floor, New York, NY 10019		
3. The mailing a	address (if different); c/o F	'erlman & Perlma	n, LLP; 1855 W. Baseline Roa	ad, Suite 250, Mesa. AZ 8520	2
4. Date of incor	poration/qualification: 01	/02/2003	Document number: F0	17000001735	
	d street address of the curr rtment of State: (If resigne		ent and registered office on	file with the	
	CT Corporation			201	
	1200 South Pine Island Ro	oad		2018 NOV 26	7
	Plantation, FL 33324				
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or registe	PH 2: 43 OF STATE SSEE, FL	ר ת
	InCorp Services, Inc.			「 ff も	
	17888 67th Court North				
		P.O. Box NOT a	cceptable		
	Loxabatchee, FL 33470				
The street address changed will	ess of its registered office be identical.	and the street ac	ddress of the business offic	e of its registered agent,	
<i>/</i> }	\ # /	n duly adopted b on has been noti	by its board of directors or lifed in writing of the chang	by an officer so e.	
and	ullog, CFO		Connie Yoo, CFO		
! l hereby accept l further agree t performance of	ie of an officer or director the appointment as regist the comply with the provisi my duties and I am fami	ions of all statut liar with and acc	Printed or typed name agree to act in this capacit es relative to the proper an ept the obligation of my po it a change in the registered writing of this change.	y. id complete osition as revistered	
11/	1h	-	November 1, 2	2018	
Sign	nature of Registered Acers		Date		
lf signing on bel	half of an entity:				

Desiree Young on behalf of InCorp Serives, Inc.

Typed or Printed Name

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