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COVER LETTER

TO: Amendment Section Division of Corporations Friends of the Library of Clearwater, Florida, Inc. Name of Corporation 700654 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: Rita Garvey Name of Contact Person Friends of the Library of Clearwater, Inc. Firm/Company 100 N. Osceola Ave. Clearwater, FL 33755 City/State and Zip Code ritagarvey3@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rita Garvey Area Code & Daytime Telephone Number Name of Contact Person 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

1. The name of the corporation: Friends of the Library of Clearwater, Florida, Inc. 2. The principal office address: 100 N. Osceola Ave. Clearwater, FL 33755 3. The mailting address (if different): 4. Date of incorporation/qualification: 3/11/1960 Document number: 700654 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) Rosalie Murray Heller Albert State: (If resigned, enter resigned) Rosalie Murray Heller Albert State: (If resigned, enter resigned) Rosalie Murray Heller Albert State: (If resigned, enter resigned) Rosalie Murray Heller Albert State: (If changed) and /or registered office on file with the Florida Department of State: (If resigned, enter resigned) Rita Garvey 1715 Estelle Drive P.O. Box NOT acceptable Clearwater, FL 33756 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. Rita Garvey, President Signature of an office of griptor Pointed or typed name and mitted. I hereby accept the appointment as registered agent and agree to act in this capacity. I have the registered office address, I hereby confirm that the proprisions of all statutes relative to the proper and complete point of this document is being filled mereby and grantered to get the origination of this change. Hereby confirm that the proprision has been notified in writing of this change. If signing on behalf of an entity:	statement of change is su	on sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this omitted for a corporation organized under the laws of the State of Florida ge its registered office or registered agent, or both, in the State of Florida.
Clearwater, FL 33755 3. The mailing address (if different): 4. Date of incorporation/qualification: 3/11/1960 Document number: 700654 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) Rosalie Murray 1451 Stewart Blvd. Clearwater, FL 33764 resigned 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Rita Garvey 1715 Estelle Drive P.O. Box NOT acceptable Clearwater, FL 33756 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. Rita Garvey, President Printed or typed name and title I hereby accept the appointment as registered agent and agree to in this capacity of 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 filled merely to reflect a change in the registered office address, I hereby capitrm that they corporation has been notified in writing of this change. L. J.	1. The name of the corpor	ation: Friends of the Library of Clearwater, Florida, Inc.
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Typed or Printed Name	If signing on behalf of an	entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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