

702242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

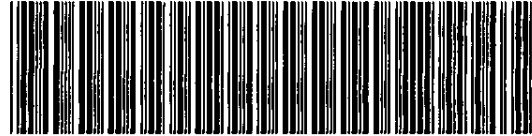
(Business Entity Name)

(Document Number)

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*Registered
Address
Change*

12/07/11--01019--007 **35.00

2011 DEC -7 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DR
12/18/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIVERSITY OF MIAMI
Name of Corporation

DOCUMENT NUMBER: 702242

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:

ANDREA E. ORANGE
Name of Contact Person

UNIVERSITY OF MIAMI
Firm/Company

1507 LEVANTE AVENUE, SUITE 333 MAX OROVITZ BUILDING
Address

CORAL GABLES, FLORIDA 33146
City/State and Zip Code

AORANGE@MIAMI.EDU

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

For further information concerning this matter, please call:

ANDREA E. ORANGE at (**305**) **284-3163**
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

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: UNIVERSITY OF MIAMI
2. The principal office address: 1507 LEVANTE AVENUE, CORAL GABLES, FLORIDA 33146
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1925 Document number: 702242

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)
UNIVERSITY OF MIAMI, C/O: ANDREA E. ORANGE, REGISTERED AGENT
1507 LEVANTE AVENUE, SUITE 333 MAX OROVITZ BUILDING
CORAL GABLES, FLORIDA 33146

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Effective Date: January 3, 2012
UNIVERSITY OF MIAMI, C/O: ANDREA E. ORANGE, REGISTERED AGENT
1320 SOUTH DIXIE HIGHWAY, SUITE 1200
CORAL GABLES, FLORIDA 33146

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TALLAHASSEE, FLORIDA

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

V.P. of FINANCE + TREASURER
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.

[Signature]
Signature of Registered Agent

12/06/11
Date

If signing on behalf of an entity:
Typed or Printed Name

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