705275

Requester's Name

**FSAE**

Florida Society of Association Executives
P.O. Box 11119
Tallahassee, FL 32302-3119

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ______________________ (Corporation Name) (Document #)
2. Ann Angles (Corporation Name) (Document #)

AUTHORIZATION BY PHONE

Officer title

3. Name of Corp. (Corporation Name) (Document #)

CORRECT

04/18/02

DATE

DC

4. ______________________ (Corporation Name) (Document #)

700005272267--8
-04/15/02--01055--006
~~*****35.00~~ *****35.00

- ☐ Walk in
- ☐ Pick up time ____________
- ☐ Certified Copy
- ☐ Mail out
- ☐ Will wait
- ☐ Photocopy
- ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2002 APR 15 PM 1:36

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RA Change

DC

**Examiner's Initials**

04/18/02

CR2E031(7/97)

# 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, the undersigned corporation organized under the laws of the State of* FLORIDA *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.

2. The mailing address of the corporation : P.O. BOX 11119 TALLAHASSEE FL 32302-3119

3. Date of incorporation/qualification: 3/4/63 Document number: 705275

4. The name and address of the current registered agent and office:

SHARON HEIERMAN
FSAE
231 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)

LINDA S. CHRENO
FSAE
231 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2002 APR 15 PM 1:36

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.

Jon C. Bednerik 4/5/2002
(Signature of an officer, chairman or vice chairman of the board) (Date)

President, JON C. BEDNERIK
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

Linda S Chreno 4/10/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314