708095

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COVER LETTER

TO:	Amendment Section Division of Corporations	
	Division of Corporations	
SUBJI Name	ECT: PI BETA PHI HOUSE CORP. INC FLA. BETA CHAPTER #294 of Corporation	
DOCU	JMENT NUMBER: 708095	
The en	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
DEMA	TI CONOLOW	
_	H. SOKOLOW of Contact Person	
	R DONELSON	
	Company	
	MONROE STREET, SUITE 925	
Addres		
TALLA	AHASSEE, FL 32301	
City/St	ate and Zip Code	
	dsokolow@bakerdonelson.com	
E-mail	l address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
LESLIE	E TERRY 31, 850 , 425-7517	
	Name of Contact Person at (850) 425-7517 Area Code & Daytime Telephone Number	er
Encloso	ed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

γ.

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cho	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	this ———
	the corporation: PI BETA PHI HOUSE CORP. INC FLA. BETA CHAPTER #294	
2. The principal	l office address: 519 WEST JEFFERSON, TALLAHASSEE, FL 32301	
3. The mailing a	address (if different): 3646 LETITIA LANE, TALLAHASSEE, FL 32312	
4. Date of incor	address (if different):	
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	SIDNEY CAMPBELL (C	207
	3646 LETITIA LANE	020 JAN 16
	TALLAHASSEE, FL 32312	16
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) agen	AM 9: 14
	DENA H. SOKOLOW, ESQUIRE	F
	101 N. MONROE STREET, SUITE 925	
	P.O. Box NOT acceptable	
	TALLAHASSEE, FL 32301	
The street adds as changed wil	ress of its registered office and the street address of the business office of its regist II be identical.	ered agent,
Such change wanthorized by	was authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	so
	Kelly Folmar Presic	lent
I further caree	Withe appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete pand I am familiar with and accept the obligation of my position as registered agent wing filed merely to reflect a change in the registered office address, I hereby confias been actifically writing of this change.	performance Or, if this irm that the
	Signature of Registered Agent Date	
	behalf of an entity:	
	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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