

710438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

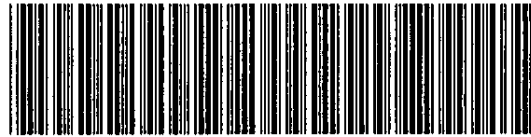
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IOTA OF ALPHA DELTA PI INC.  
Name of Corporation

**DOCUMENT NUMBER:** 710438

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:

Linda Hilaman

Name of Contact Person

IOTA OF ALPHA DELTA PI, INC.

Firm/Company

1614 Mahan Ctr. Blvd. Suite 101

Address

Tallahassee, Florida 32308

City/State and Zip Code

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

For further information concerning this matter, please call:

Linda Hilaman

Name of Contact Person

at ( 850 ) 219-8004

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: IOTA OF ALPHA DELTA PI, INC.
2. The principal office address: 537 West Jefferson Street, Tallahassee, Florida 32301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/28/1966 Document number: 710438
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)

Linda Hilaman

1109 Mimosa Drive

Tallahassee, Florida 32312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LINDA HILAMAN

1614 Mahan Center Blvd., Suite 101

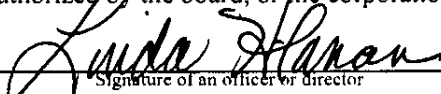
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Tallahassee, Florida 32308

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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 of an officer or director

Linda G. Hilaman, President

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 of Registered Agent

12/21/2016

Date

If signing on behalf of an entity:

Linda Hilaman

Typed or Printed Name

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