711371

| <u> </u> | | | | |
|---|--|--|--|--|
| (Requestor's Name) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Discipant Entity Name) | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| Special mediations to 1 ming officer. | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600213344086

10/26/11--01021--004 **35.00

FILED
2011 OCT 26 PM 4: 55
SECRETARY OF STATE
SECRETARY OF STATE

ADD 11

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: | Florida Agricultural and | <u>Mechanical University</u> Foundation, I oration | nc. |
|--------------------|---|--|-----|
| | Name of Corp | oration | |
| DOCUMENT N | TUMBER: 711371 | | |
| The enclosed Sta | tement of Change of Registered Office/A | gent and fee are submitted for filing. | |
| Please return all | correspondence concerning this matter to | the following: | |
| | | | |
| | Juanita Johnson | , | |
| | Name of Contac | et Person | |
| | FAMU Foundation, Inc. | | |
| | Firm/Comp | any | |
| | · | • | |
| | P.O. Box 6562 | | |
| | Address | | |
| | | | |
| | Tallahassee, FL 32314-65 | | |
| | City/State and Z | Cip Code | |
| | juanita.johnson@famu.edu | | |
| | E-mail address: (to be used for futu | re annual report notification) | |
| | | | |
| For further inforr | nation concerning this matter, please call: | | |
| | Neels Duled | 44 950 > 412 5120 | |
| N | ame of Contact Person | at (<u>850</u>) <u>412–5130</u> Area Code & Daytime Telephone Number | |
| | | • | |
| Enclosed is a \$35 | 5.00 check made payable to the Departmen | nt of State. | |
| | Malling Adduses | Stucet Adduses | |
| | Mailing Address: Amendment Section | Street Address: Amendment Section | |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahaccee El 32314 | 2661 Evecutive 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: Florida Agricultural and Mechanical University Foundation, In | 1C. |
| 2. The principal office address: 1030-4 E. Lafayette St. / Tallahassee, FL / 32301 | |
| 3. The mailing address (if different): P.O. Box 6562 / Tallahassee, FL / 32314-6562 | |
| 4. Date of incorporation/qualification: 8/18/1966 Document number: 711371 | |
| 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) | |
| Alfreda D. Blackshear | |
| 1215 Lee Avenue | |
| Tallahassee, FL 32301 US | , , |
| 1215 Lee Avenue Tallahassee, FL 32301 US 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Harold M. Knowles, P.A. | つつ |
| Harold M. Knowles, P.A. | |
| 2002 Highitane dans totions | |
| P.O. Box NOT acceptable Tallahassee, FL 32301 US | |
| Tallanassee, FL 32301 03 | |
| 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. | |
| Sharon P. Saunders, Interim VP/Exec. Dir. Signature of an officer or director Sharon P. Saunders, Interim VP/Exec. Dir. | |
| 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. | |
| 10/24/11 | |
| Signature of Registered Agent Date | |
| If signing on behalf of an entity: | |
| Typed or Printed Name | |

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

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