

711915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

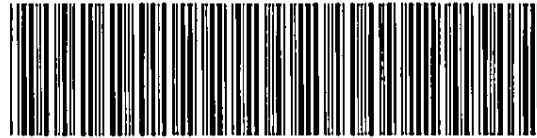
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SEDO-10100 STATE
TALLAHASSEE, FL

RECEIVED

2024 JAN 12 PM 2:10

-1123

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE :

ORDER TIME : 1:31 PM

ORDER NO. : -005

CUSTOMER NO:

CHANGE OF AGENT

NAME: THE NAVAL AVIATION MUSEUM
FOUNDATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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: THE NAVAL AVIATION MUSEUM FOUNDATION, INC.
2. The principal office address: 1750 RADFORD BLVD. SUITE B PENSACOLA, FL 32508
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/05/1966 Document number: 711915
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)

COZAD, KYLE J. Rear Admiral

1750 RADFORD BLVD. SUITE B PENSACOLA, FL 32508

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Kyle J. Cozad
Signature of an officer or director

KYLE J. COZAD
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.

Corporation Service Company

By: Shane C. Kuby
Signature of Registered Agent

Date

If signing on 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)