7/3018

Office Use Only



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OIVISION OF CORPORATION

R.A.

JUL 2 4 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER, 713018

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:

John Bonacci III

Name of Contact Person

The North Central Florida YMCA, Inc.

Firm/Company

5201 NW 34th St.

Address

Gainesville, FL 32605

City/State and Zip Code

j.bonacci@ncfymca.org

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

For further information concerning this matter, please call:

John Bonacci III

_{a (}352

374-9622

Name of Contact Person

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

statement of ch	provisions of sections 607.0502, 617.0. Cange is submitted for a corporation org For to change its registered office or regi	anized under the laws (of the State of Florida	a	
1. The name of	the corporation: The North Central office address: 5201 NW 34th St	al Florida YMCA	(Young Me		1:5410 31),
3. The mailing	address (if different): Same				
4. Date of incom	rporation/qualification: 6/30/1967	Document nur	nber: 713018		
	nd street address of the current registered artment of State: (If resigned, enter resigned)	-	office on file with the	;	
	Sarah K. Renner				
	5201 NW 34th St.,				
	Gainesville, FL 32605				Ne
6. The name an (if changed):		gent (if changed) and /c	or registered office	1 2 JUL 23	SECRETAR VISION OF (
	John Bonacci III			A	35 CE
	5201 NW 34th St.			\$	780 780 780
	P.O. Box NOT acceptable Gainesville, FL 32605			58	
	ress of its registered office and the street le be identical. Vas authorized by resolution duly adopt the board, or the corporation has been recorporation has been recorporation.				it,
('Uu	Less evel	Charles Kova			
I hereby accep I further agree performance o agent. Or, if th	ture of an officer or director It the appointment as registered agent of to comply with the provisions of all sta f my duties, and I am familiar with and his document is being filed merely to re a that the corporation has been notified	and agree to act in this atutes relative to the p l accept the obligation effect a change in the r	of my position as re registered office add	gistered lress, I	
	13	07/12/2012			
	gnature of Registered Agent		Dete	 -	
If signing on b	chalf of an entity:				
	Typed or Printed Name				
	* * * FILING F	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03 12)