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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A

Account Number : 075410001562 Phone : (813)228-7411 Fax Number : (813)228-9401

## REGISTERED AGENT CHANGE

THE TAMPA JCC/FEDERATION, INC.

Certificate of Status	0
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9/3/2004

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

statement of change is subm	nitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Florida red agent, or both, in the State of Florida.	<del></del>
1. The name of the corporat	tion: The Tampa JCC/Fed	deration, Inc.	
2. The principal office addr	12008 Commission C	Campus Drive	
3. The mailing address (if d	lifferent):		
4. Date of incorporation/qu	alification: 07/25/1959	Document number: 716919	
5. The name and street additional Florida Department of St		ent and registered office on file with the	
Anne E.	Thal		
13009 Co	ommunity Campus Drive		
Tampa, 1	Florida 33625		SECR
6. The name and street addr (if changed):	ress of the new registered agent	t (if changed) and /or registered office	ETARY
Robert P	Kokol		∵'≏
13009 Co	ommunity Campus Drive		FI DRI
	(P.O. Box NOT acceptable)		
Tampe, F	Florida 33625		
The street address of its reas changed will be identicated	gistered office and the street a	address of the business office of its registered	agent,
Such change was authorized by the board, or	ed by resolution duly adopted the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
	_	Robert Kokol, President-elect	
(Signature of an office		(Printed or typed name and talle)	
ancament is herus faca inc	itment as registered agent and with the provisions of all statu with and accept the obligerely to reflect a change in the fied in writing of this change.	l agree to act in this capacity, ites relative to the proper and complete perfor gation of my position as registered agent. Or registered office address, I hereby confirm th	mance , if this hat the
		September 3, 2004	
(Signature of Rogi	stered Agent)	(Date)	
If signing on behalf of an e	entity:		
(Typed or Printe	d Namo)		
	·	<u> </u>	