

717330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

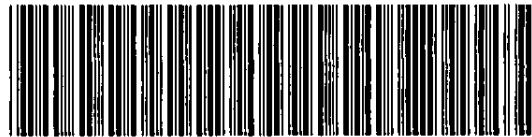
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
13 FEB -6 AM 8:09

RA/RO/chg
@ 2.7.13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 520158 7872297

AUTHORIZATION :

COST LIMIT : \$ 35

A handwritten signature in cursive script, appearing to read "Lynne Coleman", is written over the authorization field.

ORDER DATE : February 4, 2013

ORDER TIME : 3:14 PM

ORDER NO. : 520158-006

CUSTOMER NO: 7872297

CHANGE OF AGENT

NAME: SOUTH FLORIDA WILDLIFE CENTER,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: _____

A handwritten signature, possibly "10" or a stylized name, is written over the examiner line.

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: SOUTH FLORIDA WILDLIFE CENTER, INC.
2. The principal office address: 3200 S.W. 4TH Ave, FT. Lauderdale, FL 33315
3. The mailing address (if different): 700 Professional Drive
Gaithersburg, MD 20879
4. Date of incorporation/qualification: 10/09/1969 Document number: 717330
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)

CT Corporation System

1200 South Pine Island Road

Plantation FL 33324

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

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.

Deb Reeves
Signature of an officer or director

Deb Reeves, Vice 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.*

Corporation Service Company

By: Grace E. Kirby
Signature of Registered Agent

2/1/2013

Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant V.P.

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 (03/12)

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