

717758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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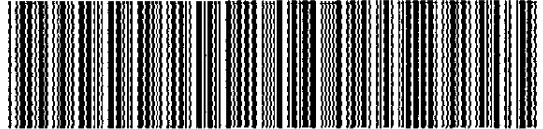
(Business Entity Name)

(Document Number)

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05/15/06--01034--024 \*\*35.00

*RA Change*

T. Roberts MAY 23 2006

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 15 PM 12: 27

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SANFORD CHAMBER OF COMMERCE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 717758

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:

JOE MONTASANO  
(Name of Contact Person)

CEO / CENTRAL FLORIDA ZOO  
(Firm/Company)

P.O. BOX 470309  
(Address)

SANFORD, FLORIDA 32747  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE MONTASANO at (407) 3234450 EXT:116  
(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**

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: SANFORD CHAMBER OF COMMERCE, INC.
2. The principal office address: 400 EAST FIRST STREET  
SANFORD, FLORIDA 32771
3. The mailing address (if different): - SAME -
4. Date of incorporation/qualification: 11/02/1945 Document number: 717758
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GORDON, ANGELIA  
400 EAST FIRST STREET  
SANFORD, FLORIDA 32771

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- HICKS, PAT  
400 EAST FIRST STREET  
(P.O. Box NOT acceptable)  
SANFORD, FLORIDA 32771

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.

Paul H. Osborne  
(Signature of an officer or director)

PAUL OSBORNE - CHAIRMAN OF BOARD  
(Printed or typed name and title) SANFORD CHAMBER OF COMMERCE

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.

Pat Hicks  
(Signature of Registered Agent)

MAY 2 - 2006  
(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