

727142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

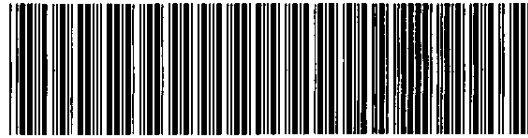
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 DEC - 1 PM 2:59

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ORLANDO AMATEUR RADIO CLUB, INCORPORATED  
Name of Corporation

**DOCUMENT NUMBER:** 727 142

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:

JAMES LOGIE  
Name of Contact Person

N/A  
Firm/Company

3207 GULLEN LAKE SHORE DR.  
Address

BELLE ISLE, FL 32812-1044  
City/State and Zip Code

jlogie1@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES LOGIE at (407) 851-5198  
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: ORLANDO AMATEUR RADIO CLUB, INCORPORATED
2. The principal office address: 3207 CULLEN LAKE SHORE DR.  
BELLE ISLE, FL 32812-1044
3. The mailing address (if different): P O BOX 547811  
ORLANDO, FL 32854-7811
4. Date of incorporation/qualification: Aug. 8, 1973 Document number: 727142
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)

COHEN, MORTON  
1972 MARTINA ST.  
APOKA, FL 32703

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

JAMES LOGIE  
3207 CULLEN LAKE SHORE DR.  
P.O. Box NOT acceptable  
BELLE ISLE, FL 32812-1044

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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.

James Logie  
Signature of an officer or director

JAMES LOGIE TREASURER  
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.

James Logie  
Signature of Registered Agent

11-28-2010  
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 (8/05)