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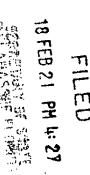
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COVER LETTER

TO: Amendment Section Division of Corporations		
Florida Coastal School of Law Foundation, Inc.		
Name of Corporation		
DOCUMENT NUMBER: 732400		
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:		
Karen M. Eubanks Name of Contact Person		
Florida Coastal School of Law Foundation, Inc.		
Firm/Company		
8787 Baypine Road, Room 374		
Jacksonville, FL 32256 City/State and Zip Code		
keubanks@fcsl.edu E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: Karen M. Eubanks 904 256-1121		
Name of Contact Person at (

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 char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	Florida Coastal School of Law Foundation Inc.
2. The principal	office address: 8787 Baypine Road, Jacksonville, Florida 32256
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: April 9, 1975 Document number: 732400
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Elizabeth M. Bates
	8787 Baypine Road
	Jacksonville, Florida 32256
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Karen M. Eubanks
	8787 Baypine Road
	P.O. Box NOT acceptable Jacksonville, Florida 32256
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Dennis J. Stone, Secretary Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	February 16, 2018
	nature of Registered Agent Date
It signing on bel	half of an entity:
	yped or Printed Name

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

* * * FILING FEE: \$35.00 * * *