

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Litary Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Florida Public Broadcasting Service, Inc.

Name of Corporation

DOCUMENT NUMBER: 739617

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 Howe

Name of Contact Person

Florida Public Broadcasting Service, Inc.

Firm/Company

360 Central Ave, Ste 980

Address

St Petersburg, FL 33701

City/State and Zip Code

karenh@fpbs.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Yack

, 850

391-5343

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

| statement of char | provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this age 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 t | he corporation: Florida Public Broadcasting Service Inc. |
| 2. The principal | office address: 360 Central Avenue, Ste 980, St. Petersburg, FL 33701 |
| 3. The mailing a | ddress (if different): PO Box 1691, St Petersburg, FL 33731 |
| 4. Date of incorp | poration/qualification: 7/8/1977 Document number: 739617 |
| | street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) |
| | resigned |
| | |
| | |
| | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office |
| | Patrick Yack |
| | 204 South Monroe Street |
| | P.O. Box. NOT acceptable |
| | Tallahassee, Florida 32301 |
| The street addras changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
|) | are of an officer or director Printed or typed name and title |
| I hereby accept I further agree performance of agent_Qr. if the | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f 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. |
| / | enature of Registered Agent Date |
| | chalf of an entity: |
| Di. | |
| 1 21/1/0/0 | A. Gacu. Speed or Profied Name |

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