744525

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o		this	
		registered agent, or both, in the State o			
1. The name of t	he corporation: The Institute for Inte	ergovernmental Research, Inc.			
2. The principal	office address: 2050 Centre Pointe B	lvd, Tallahassee, FL 32309			<u> </u>
3. The mailing a	ddress (if different): P O Box 12729	, Tallahassec, FL 32317			
4. Date of incorp	poration/qualification: 10/11/1978	Document number: 744525	5		
	I street address of the current registe tment of State: (If resigned, enter re	cred agent and registered office on file esigned)	with the		
	Emory B. Williams - RESIGNED as	s Chairman			
	3049 Sawgrass Circle				
	Tallahassee, FL 32309				
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered	office	2920 D∑	
	Rick S. Gregory, Chairman		i ;	€D 194	
	2050 Centre Pointe Blvd.			30	; ; .
	I	P.O. Bux NOT acceptable		P	1 6
	Tallahassee, FL 32308		<u></u>	$\dot{\Sigma}$	المسيدة أ
The street address changed will	ess of its registered office and the be identical.	street address of the business office o	l its registe	င်းစွဲ့နှစ်	gent,
Such change wa authorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	an officer	\$0	
X	gasterson	Kathleen T. Masterson, CFO			
~	re pl an officer or director	Printed or typed name ar			
of my duties, ar document is bei	the appointment as registered ago to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and c he obligation of my position as registe e in the registered office address, I he hange.	complete p ered agent ereby confi	erform Or, i rm tha	ance f this t the
Lu 5. Du		12/18/2020			
Sig	mature of Registered Agent	Date			
If signing on bo	chalf of an entity:				
Rick S. Gregory	······································				
7	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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