

753489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

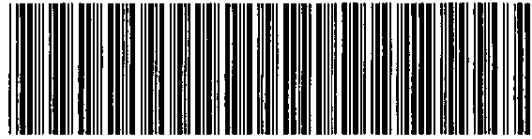
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

MAR 12 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SALVADOR DALI MUSEUM, INC.
Name of Corporation

DOCUMENT NUMBER: 753489

The enclosed Statement of Change of Registered Office/Agent and fee arc submitted for filing.

Please return all correspondence concerning this matter to the following:

James W. Martin
Name of Contact Person

James W. Martin, P.A.
Firm/Company

PO Box 1324
Address

St. Petersburg, FL 33731-1324
City/State and Zip Code

jim@jamesmartinpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James W. Martin at (727) 821-0904
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: SALVADOR DALI MUSEUM, INC.
2. The principal office address: ONE DALI BOULEVARD
ST. PETERSBURG FL 33701
3. The mailing address (if different): _____
ONE DALI BOULEVARD, ST. PETERSBURG FL 33701
4. Date of incorporation/qualification: 07/28/1980 Document number: 753489
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)

MARTIN, JAMES W
100 SECOND AVENUE SOUTH, SUITE 102N
ST. PETERSBURG FL 33701

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

MARTIN, JAMES W
146 SECOND STREET N. #310A
P.O. Box NOT acceptable
ST. PETERSBURG FL 33701

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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.

Signature of an officer or director

James W. Martin, as Secretary
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.

Signature of Registered Agent

3/4/12
Date

If signing on behalf of an entity:

Typed or Printed Name

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