

756 116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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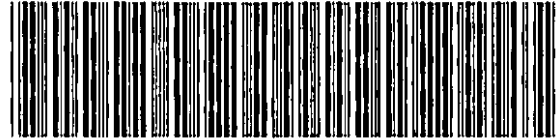
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oriole Jewish Center of Delray Beach Anshei Shalom

Name of Corporation

DOCUMENT NUMBER: 756116

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:

Jo Anne Kessler

Name of Contact Person

Oriole Jewish Center of Delray Beach Anshei Shalom

Firm/Company

7099 West Atlantic Ave

Address

Delray Beach, FL 33446

City/State and Zip Code

joanne@templeansheishalom.org ✓

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

For further information concerning this matter, please call:

Jo Anne Kessler

Name of Contact Person

at (561) 495-1300

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: Oriole Jewish Center of Delray Beach Anshei Shalom, INC.
2. The principal office address: 7099 West Atlantic Ave
Delray Beach, FL 33446
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/29/1981 Document number: 756116

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)

Frances Goldman
7099 West Atlantic Ave
Delray Beach, FL 33446

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

Linda Cooper
7099 West Atlantic Ave
Delray Beach, FL 33446

P.O. Box NOT acceptable

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.

Arlene J Lurie

Signature of an officer or director

Arlene J Lurie, VP Finance

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.

Linda Cooper

Signature of Registered Agent

12/28/17

Date

If signing on behalf of an entity:

Linda Cooper

Typed or Printed Name

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA