

768091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: ALPHA ETA HOUSE CORPORATION OF PI KAPPA ALPHA
Name of Corporation

DOCUMENT NUMBER: 768091

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:

C.J. EVANS, JR.

Name of Contact Person

ALPHA ETA HOUSE CORPORATION OF PI KAPPA ALPHA

Firm/Company

1410 N. WESTSHORE BLVD., SUITE 111

Address

TAMPA, FLORIDA 33607

City/State and Zip Code

cj.evans2jr@gmail.com

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

For further information concerning this matter, please call:

C.J. EVANS, JR.

Name of Contact Person

at (727) 512-4649

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2015

C.J. EVANS, JR.
ALPHA ETA HOUSE CORPORATION
1410 N. WESTSHORE BLVD., STE. 111
TAMPA, FL 33607

SUBJECT: ALPHA ETA HOUSE CORPORATION OF PI KAPPA ALPHA
Ref. Number: 768091

We have received your document for ALPHA ETA HOUSE CORPORATION OF PI KAPPA ALPHA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00014395

**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: ALPHA ETA HOUSE CORPORATION OF PI KAPPA ALPHA
2. The principal office address: 1410 N. WESTSHORE BLVD., SUITE 111
TAMPA, FLORIDA 33607
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 04/21/1983 Document number: 768091

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)

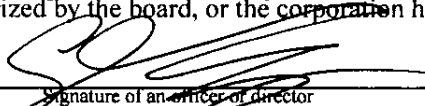
~~C.J. EVANS, JR.~~ Charles J. Evans, Jr.
4118 LASALLE DRIVE
PALM HARBOR, FL 34685

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

C.J. EVANS, JR.
1410 N. WESTSHORE BLVD., SUITE 111
P.O. Box NOT acceptable
TAMPA, FLORIDA 33607

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.

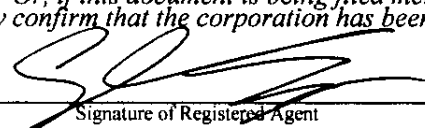


Signature of an officer or director

C.J. EVANS, JR., TREASURER

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

7/17/15

Date

If signing on behalf of an entity:

C.J. EVANS, JR.

Typed or Printed Name

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