

F0000005652

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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11 JUL 19 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
HEIFER PROJECT INTERNATIONAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

PAID 7/21/11

✓ 2

**TO: Amendment Section
Division of Corporations**

SUBJECT: HEIFER PROJECT INTERNATIONAL, INC.
Name of Corporation

DOCUMENT NUMBER: F00000005652

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:

Name of Contact Person

Firm/Company	
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Address

City/State and Zip Code _____

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

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) _____
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

CR2E045 (8/05)

**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 Arkansas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEIFER PROJECT INTERNATIONAL, INC.
2. The principal office address: 1 WORLD AVE LITTLE ROCK AR 72202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/04/2000 Document number: F00000005652
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)

UNITED CORPORATE SERVICES, INC.

9200 SOUTH DADELAND BLVD. SUITE 508

MIAMI FL 33156 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Sharon Goodlett
Signature of an officer or director

Sharon Goodlett, Attorney-In-Fact

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.

By: C T Corporation System
Katherine Lackey
Signature of Registered Agent

7/18/2011

Date

If signing on behalf of an entity:

Katherine Lackey, Asst. Sec.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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11 JUL 19 PM 1:55
TALLAHASSEE, FLORIDA

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Heifer Project International, a non-profit corporation formed under the laws of the state of Arkansas, does hereby appoint Shannon Goodlett and Sarah Menkhus, employees of CT Corporation and acting solely in the capacity as employees of CT corporation, as attorney-in-fact for the corporation to act for the company and in the company's name for the limited purposes authorized herein.

The company, having taken all necessary steps to authorize the changes for the entity Heifer Project International, hereby grants its attorney-in-fact the power to execute the documents necessary to change the entity's registered agent and registered office, or the agent and office of similar import, in the states listed in the attachment to CT Corporation, as directed and authorized by the corporation. The attorney-in-fact will not make such changes without the prior approval of the corporation.

In the execution of any documents necessary for the sole, limited purpose set forth herein, Shannon Goodlett and Sarah Menkhus shall exercise the power of Vice President, Secretary, Assistant Secretary, Manager, General Partner and/or Member as required.

This Power of Attorney expires when revoked by the undersigned or July 31st, 2011, whichever comes first.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this

July 13, 2011

Heifer Project International
An Arkansas Non-profit Corporation

By: Chad Avery

Name: Chad Avery

Title: Associate General Counsel

State of Arkansas
County of Pulaski

On 7/13/11 before me, the undersigned, a Notary Public in and for said State, personally appeared CHAD AVERY personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Phoebe P. Duff
Notary Public

