F05000004957

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

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B. CONNEY MAY 1 3 2010

COVER LETTER

Division of Corp	porations		
SUBJECT: CO	UNCIL FOR SECULA		INC.
DOCUMENT NUMBE	R:F05	000004957	
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are su	bmitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:	
	PAUL F Name of Co	PAULIN ntact Person	
	COUNCIL FOR SECU Firm/Co	LAR HUMANISM, ompany	INC.
		SCH ROAD ress	
	AMHERST City/State a	, NY 14228 nd Zip Code	
E-m	PPAULIN@CENTER ail address: (to be used for f		
For further information	concerning this matter, please	call:	
	JL PAULIN Contact Person	at (716)	636-7571 EXT. 330 Daytime Telephone Number
	eck made payable to the Depar		Saytime Telephone Ivumoei
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Clifton But 2661 Execution 2661	nt Section of Corporations

TO:

Amendment Section

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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: COUNCIL FOR SECULAR HUMANISM, INC.	
2. The principal office address: 8807 CITRUS VILLAGE DR. APT. 102	
TAMPA, FL 33626-3690	
3. The mailing address (if different): 13014 N. DALE MABRY HWY., BOX 363	
TAMPA, FL 33618-2808	
4. Date of incorporation/qualification: 08/17/2005 Document number: F05000004957	
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)	
TONI VAN PELT	
5201 W. KENNEDY BLVD. SUITE 124	
TAMPA, FL 33609	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	,
FREDRICK O'KEEFE	,
8807 CITRUS VILLAGE DR. APT. 102 P.O Box NOT acceptable	
TAMPA, FL 33626-3690	
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.	
THOMAS FLYNN / 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 05 /03/2010	
If signing on behalf of an entity:	
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