

F14000003107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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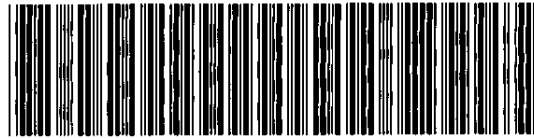
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Date: May 09, 2017

Account#: I20000000088

Name: Michelle Walker

Reference #: C018814

Entity Name: ALPHA PI CORPORATION OF LAPHA OMICRON PI, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Please include a copy of cover letter with returned evidence. Thanks!

Authorized Amount: \$ 35

Please note: If authorized amount is incorrect,
please call Michelle at 518-213-0737.

Signature: Michelle Walker

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

1. The name of the corporation: ALPHA PI CORPORATION OF ALPHA OMICRON PI, INC.

2. The principal office address: 5390 VIRGINIA WAY BRENTWOOD TN 37027

3. The mailing address (if different): 5390 VIRGINIA WAY BRENTWOOD TN 37027

4. Date of incorporation/qualification: 7/21/2014 12:00:00 AM Document number: 5390 VIRGINIA WAY

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)

Incorp Services, Inc.

LOXAHATCHEE, FL 33470

17888 67TH COURT NORTH,

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

COGENCY GLOBAL INC.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Moulyna J. LeForge

Signature of an officer or director

Troylyn J. LeForge, 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.

Sean Honan

Signature of Registered Agent

5/8/2017

Date

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

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 (03/12)