## F93000002431

	333 S. Junip —— Escondido, (760) 839-79	perty Services per Street, Suite 217 California 92025 908 Fax (760) 839-9	025		0027043 -12/07/9801 *****35.00	
	City/State/Zip Phone #			Office Use Only		
	CORPORATION	NAME(S) & DO	l CUMENT NUM	BER(S), (if known):		
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	NEW FILINGS -	AMENDM	ENTS			
**************************************	Profit	Amendment				
	NonProfit	Resignation of	R.A., Officer/Direct	or		
	Limited Liability	Change of Re	Change of Registered Agent			•
	Domestication	Dissolution/W	ithdrawal			. <u></u>
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Other

Examiner's Initials

## 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, the undersigned corporation organized under the laws of the State ofCALIFORNIA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: D.A.C. MEMORIAL FOUNDATION
1. The name of the corporation is
2. The mailing address of the corporation is: 28779 WILD COFFEE COURT
BONITA SPRINGS, FL 34135
3. Date of interpretation/dualification: 5-24-93 Document number: F93000002431
4. The name and address of the current registered agent and office:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
NEIL SCHAEFFER
28779 WILD COFFEE COURT
BONITA SPRINGS, FL 34135
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.
1/ Lind May 1/m 11-24-98
(Signature of an officer, chairman or vice chairman of the board) (Date)
NEIL SCHAEFFER, PRESIDENT
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:  NONE
(Typed or Printed Name) (Capacity)

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