

NO0000001341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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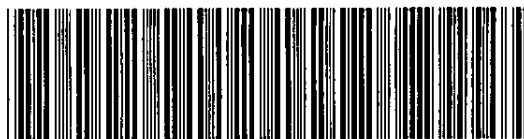
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: WARNER SOUTHERN COLLEGE FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N00000001341

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:

J. MICHAEL PICH

Name of Contact Person

WARNER UNIVERSITY, INC.

Firm/Company

13895 HIGHWAY 27

Address

LAKE WALES, FL 33859

City/State and Zip Code

BUSINESSOFFICE@WARNER.EDU

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

For further information concerning this matter, please call:

DEAN MEADOWS

Name of Contact Person

at (863) 638-7255

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

**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: WARNER SOUTHERN COLLEGE FOUNDATION, INC.

2. The principal office address: 13895 HIGHWAY 27, LAKE WALES, FL 33859

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 03/01/2000 Document number: N00000001341

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)

GREGORY RODDEN

13895 HIGHWAY 27

LAKE WALES, FL 33859

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

J. MICHAEL PICHA

13895 HIGHWAY 27

P.O. Box NOT acceptable

LAKE WALES, FL 33859

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

David A. Hoag, President
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.

J. Michael Picha
Signature of Registered Agent

11/15/17
Date

If signing on behalf of an entity:

J. Michael Picha
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)