N00000006327

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| | | |
| (Ad | ldress) | |
| (Ad | ldress) | |
| (/ 10 | idi Cooj | |
| (Cil | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | <i>:</i> |
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11/21/08--01010--014 **35.00

ZECRETARY OF STATE

R.A. Change

11-25-08

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Palm Beach County School Administrator's Association, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: N 000000 6327 |
| 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: |
| SANDEA L. GERO (Name of Contact Person) |
| Palm Beach County School Administrator's Association, Inc |
| 9720 PIERSON ROAD (Address) |
| (Address) |
| Wellingfon FL 33414 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| |
| Name of Contact Person) at (561) 904 - 9603 (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

| | provisions of sections 607.0302, 617.0302, 607 nge is submitted for a corporation organized u | | | |
|---|--|---|--|----------------------------|
| | r to change its registered office or registered a | | | Incorpor |
| 1. The name of t | he corporation: PAIM BEACH COUNTY S | CHOOL ADMINISTRA | TORS A | 1550CIA |
| 2. The principal | | 19th Street | | |
| | Riviera Bea | ch, FL 33404 | <u> </u> | |
| 3. The mailing a | ddress (if different): 3000 7 | PARKER AVENU | w | |
| | West Paln | n Black, FL | 33405 | ^ |
| 4. Date of incorp | poration/qualification: 9212000 | Document number: N 00 | 00000 | 6327 |
| | street address of the current registered agent attment of State: | - | th the | |
| | Andrea B.R. Pep | oers | | |
| | Andrea B.R. Pep | et | _ | |
| | Riviera Beach, F | L 33404 | SEC | 7868 |
| | street address of the new registered agent (if c | hanged) and /or registered off | ice AR | |
| (if changed): | 0 | | SSE YBY | 2 [|
| | SANDRA L. GO | <u>ERO</u> | - F9 | 3 11 |
| | 9720 PIERSON F | SOAD | 2 <u>2</u> | <u> </u> |
| | (P.O. Box NOT acceptable) | 33 UIU | DE A | מל י |
| mmi a | Wellington, PS | 22 411 | - | |
| as changed will | ss of its registered office and the street addre be identical. | ss of the business office of it | s registered a | igent, |
| Such change wa authorized by th | s authorized by resolution duly adopted by it e board, or the corporation has been notified | s board of directors or by an in writing of the change. | officer so | |
| Walth (Signatur | re of an officer ordirector) | Da Hir H. P. ER (Printed or typed name and i | LE Intle) | |
| I hereby accept I further agree to of my duties, and document is bein corporation has | the appointment as registered agent and agre o comply with the provisions of all statutes re d I am familiar with and accept the obligation ng filed merely to reflect a change in the regi been notified in writing of this change. | ee to act in this capacity. elative to the proper and com n of my position as registere stered office address, I hereb | nplete perform d agent. Or, by confirm the | nance if this at the |
| Sand | ra S. Suro |)/- / 7/- 0 | 8 | |
| If signing on bel | 3 , | (Lum) | | |
| orbining out 001 | imie v. mie viitity i | | | |
| (T) | yped or Printed Name) | | | |
| | * * * FILING FEE: \$3 | 5.00 * * * | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)