100000007168

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
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04/05/12--01018--023 **35.00

SECRETARY OF STATE

R.A.

APR - 6 2012 T. BROWN

COVER LETTER

TO:	Amendmen Division of	t Section Corporations			
SUBJ	ECT:	Florida Attorne	ys Charitabl		
DOC	UMENT NUI	MBER:	N0100000	07168	
The en	nclosed Staten	nent of Change of Registe	ered Office/Agent	and fee are submi	tted for filing.
Please	return all cor	respondence concerning	this matter to the	following:	
	_		Dacia Hargrov	/e	
	-	Na	me of Contact Pe	rson	
			The Florida Ba	ar	
	•		Firm/Company		
	-	651	E. Jefferson S	Street	- '
			Address		
		·			
	,	Tall	ahassee, FL 3 ty/State and Zip C	2399	
		Ci	ty/State and Zip C	Jode	
		dha	rgrove@flabar	.org	
		E-mail address: (to be t			fication)
For fu	rther informat	ion concerning this matte	r, please call:		
	[Dacia Hargrove	at (850 ₎	561-5656
		e of Contact Person	u. \	Area Code & Dayti	me Telephone Number
Enclos	sed is a \$35.00) check made payable to (the Department of	State.	
		Mailing Address: Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations		ection orporations ng ce Center Circle
				Tallahassee, F	L 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida · er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Florida Attorneys Charitable Trust, Incorporated	•
2. The principal	office address: 651 E. Jefferson Street, Tallahassee, FL 32399	_
3. The mailing a	address (if different): same	
4. Date of incorp	poration/qualification: 10/09/2001 Document number: N01000007168	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Melvin C. Morgenstern	
	Gables One Tower, Suite 1275, 1320 South Dixie Highway	
	Coral Gables, FL 33146	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office PRI - S	
	radit.im	7
	651 E. Jefferson Street P.O. Box NOT acceptable	
	P.O. Box NOT acceptable Tallahassee, FL 32399	
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
ACOS Signation	Scott & Howkins for dere	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
	3/21/202	
Sig	grature of Registered Agent Date	
If signing on be	chalf of an entity:	
Т	yped 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