NO200001637

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TRANSMITTAL LETTER

Everglades Defense Fund, Inc. SUBJECT: (Name of corporation) DOCUMENT NUMBER: N02000001637 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: Alan Farago (Name of person) Everglades Defense Fund, Inc. (Name of firm/company) 5825 Sunset Avenue, Suite 302 (Address) Miami, Florida 33143 (City/state and zip code) For further information concerning this matter, please call: Alan Farago (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32399

MIN OF 23 OF STA

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

this statement	of change is sub	mitted for a corpo	2, 617.0502, 607.1508, or 617.1508, or ation organized under the laws of the	e State of
Florida	in order	to change its reg	gistered office or registered agent, or	both, in the State
<i>of Florida.</i> 1. The name o	f the corporation	. Everglades Defe	ense Fund, Inc.	
	al office address		enue, Suite 302, Miami, Florida 33143	
3. The mailing	g address (if diffe	erent):		
4. Date of inco	orporation/qualif	ication:03/07/0	Document number: N	102000001637
5. The name a		s of the current reg	ristered agent and registered office on	, %
	Alan Farago			
	534 Menende	z Avenue		
	Coral Gables	, Florida 33146		FLO 2
6. The name changed):	and street addre	ess of the new reg	gistered agent (if changed) and /or re	egistered office (if
	5825 Sunset A	Avenue, Suite 302		_
			nal mailbox NOT acceptable)	
	Miami, Florida	33142		
			ne street address of the business offic	
Such change authorized by	was authorized the board, or the	by resolution duly e corporation has	adopted by its board of directors or been notified in writing of the chang	by an officer so
(•	Alan Farago, President	
	cer, chairman or vide ch		(Printed or typed name and title)	
performance registered ag	of my duties, an ent. Or. if this o	d I am familiar w locument is being	agent and agree to act in this capacit f all statutes relative to the proper at ith and accept the obligation of my p filed merely to reflect a change in th ration has been notified in writing of	osition as e registered
(De		12/4/02	
If signing on bel	(Signature of Registere	ed Agent)	(Date)	SECRETALLAHA
	(Typed or Printed Nar	ne)	(Capacity)	AR 2

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