Florida Department of State

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: AKERMAN SENTERFITT & EIDSON

Account Number : 076656002425

: (407)843-7860

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REGISTERED AGENT CHANGE

TREE OF LIFE FOUNDATION, INC.

Certificate of Status	0
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STORIC PROGRAMME

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

Pursuant to the	provisions of sections 607.0502, 6.	17.0502, 607.1508, or 617.1508, Fla	rida Statutes,
this statement of	change is submitted for a corporati	on organized under the laws of the Ste	zte of
<u> Plorida</u>	in order to change its register	red office or registered agent, or both	h, in the State
of Florida. 1. The name of the same of th	he corporation: TREE OF LIE	E FOUNDATION, INC.	TALLES SE
2. The principal	office address: 2629 Ivydal	e Drive	<u> </u>
	Deltona, FI	32725	Sex 5
3. The mailing a	ddress (if different); P.O. Box	390635	元 3
	Deltona,	FL 32739-0635	- 25 G
4. Date of incom	poration/qualification: 1/14/200	Document number: N030	00000342
	street address of the current register tment of State:	ed agent and registered office on file	with the
•	Jean M. Fisher		
	2555Orange Ave 17 Flo	or	
	Orlando, FL 32801		
6. The name an changed):		ed agent (if changed) and /or registe	med office (if
-	Paul D. Roggio		•
_	2629 Ivydale Drive (P.O. Box or persons) max		
	Deltona. FL 32725	maritar medianal	
agent, as change	as of its registered office and the strad will be identical.	eet address of the business office of	_
Such change we sufficized by the	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	i officer so
Paradure of an ornical	Charman or vice charman of the board)	(Printed of Pyped filante and title)	RETARY
I hereby accept I further agree of performance of registered agen office address,	the appointment as registered agents of comply with the provisions of all impossibles, and I am familiar with all. Or, if this document is being filed thereby confirm that the corporation	t and agree to act in this capacity, statutes relative to the proper and cond accept the obligation of my position merely to reflect a change in the regn has been notified in writing of this	mplete on as distered change.
- Vous	market of Account and Aspent)	8/27/03 (Date)	
If signing on behal	f of an entity:		
	ypod or Printed Name)	(Capacity)	

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

Make Checks payable to Floreia Department of State and Mail to: Division of Corporatione, P.O. Box 6327, Tallahasse, FL 32314