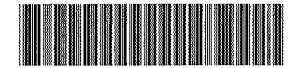
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(Requestor's N	ame)
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PICK-UP WA	IT MAIL
(Business Enti	ty Name)
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RACHARIZ

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: FEDERALIST 21 TAX EDUCATION PROJECT, INC (Name of corporation) DOCUMENT NUMBER: HO 3 0000 455 789
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:
B.S. WRIGHT (Name of person)
FEDERIST 21 (Name of firm/company)
GOIAN. KEENE RO. (Address)
CLERRWATER FL 33755 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (832) 567-3387 (Area code & daytime telephone number)
The state of the s

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

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TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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 IFLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: Federa st 21 AX ducation
2. The principal office address: 601 N. Keene Rd. Project, Inc. Ste A. Clearwater, FL 33755
3. The mailing address (if different):
1.030
4. Date of incorporation/qualification: 2/7/03 Document number: 4030000455 789
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BFI (Recurrence agent Sys)
660 ENCEPTERSON ST
TALLAHASSEP_, FL 52501-0000-3
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): THOMAS A. WRIGHT
601 N KEENE RD STE R
CLENRWATER FL 33755
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, chairman or vice chairman of the board) (Printed or typed name and life)
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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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