N03000008458

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SECRETARY OF STATE
TALL AHASSEE EL COLO
TALL AHASSEE

R.A

JAN 2 5 2012 T. BROWN

COVER LETTER

SUBJECT: AVE MARIA UNIVERSITY S	SUPPORTING TRUST, INC.			
Name of Corporation				
DOCUMENT NUMBER: NO	03000008458			
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
	Y DILLER Contact Person			
	& BRADY LLP /Company			
Patrix	Company			
	SIN AVE STE 2040			
	KEE WI 53202			
eugene.munir E-mail address: (to be used fo	n@avemaria.edu r future annual report notification)			
For further information concerning this matter, pleas	e call:			
BECKY DILLER Name of Contact Person	at (414) 277-5541 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Dep	artment 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			

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Si ange is submitted for a corporation organized under the laws of the State of \underline{F} ler to change its registered office or registered agent, or both, in the State of Fl	LORIDA		•
1. The name of	the corporation: AVE MARIA UNIVERSITY SUPPORTING	TRUS	T, IN	C.
2. The principal	l office address: 5050 AVE MARIA BLVD			
	AVE MARIA FL 34142			
3. The mailing	address (if different): SAME			
4. Date of incor	rporation/qualification:09/30/2003Document number:N(0300000)8458	
	d street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	ı the		
	NAPLES-LAWDOCK, INC.			
	1395 PANTHER LANE			
	NAPLES FL 34109	FAE SE	2012	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	CRETARY AHASSE	2012 JAN 23	FILE
	EUGENE MUNIN	E OF	PH 12:	
	5050 AVE MARIA BLVD	LORI	2:2	-
	P.O. Box NOT acceptable AVE MARIA FL 34142	7	0	
The street address changed will	ess of its registered office and the street address of the business office of its l be identical.	registere	d agent	
Such change verauthorized by the	as authorized by resolution duly adopted by its board of directors or by an observation has been notified in writing of the change.			
Signatu	Printed or typed name and title		<u>FO</u>	
of my duties, and document is being corporation has	t 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 compact I am familiar with and accept the obligation of my position as registered in giled merely to reflect a change in the registered office address, I hereby seen notified in writing of this change. Application of Registered Agent EUGENE MUNIN Date Dat	olete perf agent. C confirm	ormanc or, if thi that the	te is e
	chalf of an entity:			
Т	yped or Printed Name			·

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