## N0400005095

(Requestor's Name)							
(Address)							
(Address)							
(Cit	y/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
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SECRETARY OF STATE
TALLAHASSEF, FI OBIDA

Ps 7/2/04

## **COVER LETTER**

Division of Corporations
SUBJECT: DROLMA BUDDHIST CENTER (Name of Corporation)
DOCUMENT NUMBER: <u>NO400005095</u>
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:
RUSS HAZELLOFN (Name of Contact Person)
DEOLMA BUDDHIST CENTER (Firm/Company)
2403 N. DIXIE HWY
FORT LAUDERDAY FL 33305 (City/State and Zip Code)
For further information concerning this matter, please call:
Russ Hazellor at (305) 610 4161 (Name of Contact Person) (Area Code & Daytime Telephone Number)
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 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

		is 607.0502, 617.0502 a corporation organiz			•
in order	to change its regis	tered office or register	ed agent, or bot	h, in the State of i	Florida.
1. The name of th	ne corporation:	DROCMA	BUDDITIST	CENTER,	Inci
2. The principal of	office address:	2403 N	DIXIE	HWY	
		FORT LAUDER	ME FL	33305	
3. The mailing ad	ldress (if different):				
4. Date of incorpo	oration/qualification	n: \$120104	Document	number: NO 4	00000 5095
5. The name and Florida Depart	ment of State:	e current registered ag			
-	DANIEL	SEYMOUR N DIKE H	Clo Deoin	NA BUDOHIST	CENTER
_	2403	N DIKE H	WY		\$ 8 m
-		NDERDHE P			
6. The name and (if changed):	90 DROLMA Z403	e new registered agent HAZELCORN BUDDHIST  N DIXIE (P.O. Box NOT acceptable)  LAUDERDAN	HWY		fice florida SEEF. FLORIDA
The street address as changed will be	ss of its registered on identical.	office and the street a	ddress of the bu	usiness office of	its registered agent,
Such change was authorized by the	s authorized by res e board, or the corp	solution duly adopted poration has been not	by its board of ified in writing	directors or by as of the change.	n officer so
<u>Dianne</u> (Signatur	e of an officer or director		Dianne	E de	la Cruz
_ < / /	he appointment as to comply with the part of Registered Aper	registered agent and provisions of all statu h and accept the oblig effect a change in the hing of this change.	agree to act in tes relative to th gation of my po registered offic	this capacity. the proper and consistion as register. the address, I here to (Date)	mplete performance ed agent. Or, if this by confirm that the
If signing on beh	nalf of an entity:				
(T)	yped or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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