N05000003038

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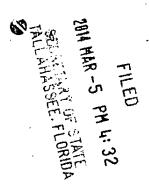
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DR 3/16/14

COVER LETTER

FO: Amendment Section Division of Corporations
SUBJECT: South Florida Chapter, Saint Quantine's Colleges alumni association, Fine
DOCUMENT NUMBER: NO 5000003038
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:
Beverly N. Davis Name of Contact Person
South Florida Chapter, Saint Qua ustine's Contrage, Olumni association, In
131 n.w. 108th Terr., apt. 201
Pembrake Pines, FL 33026 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Beverly D. Davis at 954 226-7419 Name of Contact Person Area Code & Daytime Telephone Number
rame of Condition 1 district 1 di

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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: South Florida Chapter, Soint Augustine's Astege allumni As 2. The principal office address: 131 NW 188# Terr, apt. 201 Pembruke Pines, FL 33026	SCC
2. The principal office address: 131 NW 188 Terr, apt. 201	دست
Pembruke Pines, FL 33026	
3. The mailing address (if different):	
4. Date of incorporation/qualification: <u>03/24/2005</u> Document number: <u>N0500003038</u>	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
The/ma B. Davis	
1369 N.W. 964 Street	
Momi, FL 33147	
6. The name and street address of the new registered agent (if changed) and /or registered office	
(if changed): Beverly N. Davis	
131 N.W. 108# Terr. apt. 2017 3	
Beverly N. Davis 131 N.W. 108# Terr., apt. 2017 P.O. Box NOT acceptable Pembroke Anes FL 33026	
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 the officer of director Signature of the officer of director Signature of the officer of director Printed or typed name and title	+
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 03/01/2014 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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