



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Florida Chapter, Saint Augustine's College Alumni Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO5000003038

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 Augustine's College Alumni Association, Inc.  
Firm/Company

131 N.W. 108<sup>th</sup> Terr., Apt. 201  
Address

Pembroke Pines, FL 33026  
City/State and Zip Code

nana4beku@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly N. Davis at ( 954 ) 226-7419  
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

**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, Saint Augustine's College Alumni Association, Inc.  
2. The principal office address: 131 NW 108th Terr., Apt. 201  
Pembroke Pines, FL 33026  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/24/2005 Document number: NO5000003038  
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)

Thelma B. Davis  
1309 N.W. 96th Street  
Miami, 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. 108th Terr., Apt. 201  
Pembroke Pines, FL 33026  
P.O. Box NOT acceptable

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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.

Beverly N. Davis  
Signature of an officer or director

Beverly N. Davis, President  
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.

Beverly N. Davis  
Signature of Registered Agent

03/01/2014  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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