

ND5000003484

(Requestor's Name)

Bob A. Newmark
6900 Ashton Street
Boynton Beach, FL 33437

(City/State/Zip)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800213160498

10/12/11--01005--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 12 AM 8:31

RA/RD/chg
@ 10/13/11

**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: Florida Society For Middle East Studies
2. The principal office address: ~~P.O. Box 3282~~ 6900 Ashton St.
~~Boca Raton FL 33427~~ Bonnton Bch, FL 33437
3. The mailing address (if different): P.O. Box 3282
Boca Raton, FL 33457
4. Date of incorporation/qualification: 5/31/2005 Document number: NO 5000003484

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)

BDB Agent Co. (Resigned)
5355 Town Center Road Ste 900
Boca Raton, FL 33486

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bob A. Newmark
6900 Ashton St.
P.O. Box NOT acceptable
Bonnton Beach FL 33437

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.

Bob A. Newmark
Signature of an officer or director

Bob A. Newmark, 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.

Bob A. Newmark
Signature of Registered Agent

10/7/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 8:31