## N0500005571

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ad                                     | dress)             |           |
| (Ad                                     | ldress)            |           |
| (Cit                                    | ry/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| . (Bu                                   | siness Entity Nan  | ne)       |
| (Do                                     | cument Number)     |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |

Office Use Only



400106089964

07/23/07--01047--002 \*\*35.00



TS



## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |
|---|--|
| SUBJECT: Central Florida Gay & Lesbian Law (Name of Corp  | Association, Inc.  |
| DOCUMENT NUMBER: N05000005571   |  |
| The enclosed Statement of Change of Registered Office/A   | agent and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to                                      | the following:   |
| Michael E. Morris   |  |
| (Name of Conta  | ct Person)   |
| Law Office of Michael E. Morris (Firm/Com   | pany)  |
| PO BOX 536044 (Addres   | s)   |
| (-122-33  | -,   |
| ORLANDO, FLORIDA 32853  |  |
| (City/State and   | Zip Code)  |
| For further information concerning this matter, please call                                     | :  |
| Michael E. Morris (Name of Contact Person)  | at ( 407 ) 894-0853 (Area Code & Daytime Telephone Number)   |
| Enclosed is a \$35.00 check made payable to the Department                                      |  |
| 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:

## 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.  |
|---|
| . The name of the corporation: Central Florida Gay & Lesbian Law Association, Inc.  |
| 2. The principal office address: 1036 N. MILLS AVENUE, ORLANDO, FLORIDA 32803   |
| 3. The mailing address (if different): PO BOX 536044, ORLANDO, FLORIDA 32853  |
| J. Date of incorporation/qualification: 05/27/2005 Document number: N05000005571  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| MICHAEL E. MORRIS   |
| 813 E. MICHIGAN STREET  |
| ORLANDO, FLORIDA 32806  |
| 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| MICHAEL E. MORRIS   |
| 1036 N. MILLS AVENUE  |
| (P.O. Box NOT acceptable)  ORLANDO, FLORIDA 32853   |
| The street address of its registered office and the street address of the business office of its registered agent, is 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 an officer or director)  Michael E. Morris, Secretary  (Printed or typed name and title)  |
| hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument 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)  (Signature of Registered Agent)  |
| f 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