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0	To:		í
S	· [:]	Division of Corporations	ļ
- =-	•	Fax Number : (850)617-6380	
ā. 0.	From:		
ത		Account Name : REGISTERED AGENTS INC.	
		Account Number : I20090000081	
	•	Phone : (307)200-2803	
\Rightarrow		Fax Number : (855)330-1010	
2021 JUL 1	ila La	-ail address for this business entity to be used for future	
**E		mail address for this business entity to be used for future	
	annual r	eport mailings. Enter only one email address please.**	
	Email Ad	ldress:	

REGISTERED AGENT CHANGE FBI NATIONAL CITIZENS ACADEMY ALUMNI ASSOCIATION, IN

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S. PRATHE!

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organing in order to change its registered office or register.	zed under the laws of the State of	is 		
1. The name of the corporation: FBI National Citizens Aca	ndemy Alumni Association, Inc.			
2. The principal office address:				
3. The mailing address (if different):				
4. Date of incorporation/qualification: 07/11/2005	Document number: N05000007015			
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned	d)	2021 JUL		
DENBO, TAMMY B, Esq.		70L		
8381 Gunn Highway		. 19		
Tampa, FL 33626		mic. ⊒, ≩		
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office	M 9: 09		
Northwest Registered Agent	LLC			
7901 4th St N STE 300				
P.O. Box. NOT acceptable				
St. Petersburg FL 33702				
The street address of its registered office and the street a as changed will be identical.	address of the business office of its registered	1 agent,		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.			
andrew Smith	Andrew Smith, Director	<u>.</u>		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and accept. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	tes relative to the proper and complete scept the obligation of my position as registe of a change in the registered office address,	ered I		
on Glove	7/19/21			
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
Tom Glover				
Typed or Printed Name * * * FILING FER	€: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)