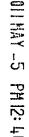


(Requestor's Name) (Address) (Address)	400207151
(City/State/Zip/Phone #)	05/05/1101018
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
	Jan 21211





**35.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Hernando County Philippine American Association, Inc. Name of Corporation	
DOCUMENT NUMBER: N05000010190	
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:	
Aurora Pica	
Aurora Rice Name of Contact Person	
Firm/Company	
26423 Soult Rd.	
Address	
Brooksville, Ft 34601	
City/State and Zip Code	
trice18@tampabay.rr.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Aurora Rice at (352) 848-1031 Name of Contact Person Area Code & Daytime Telephone Number	
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 Amendment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

ursuant 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.
2. The name of the corporation: Hernando County Philippine American Association, Inc. 2. The principal office address: 26423 Soult Rd., Brooksville, Fl 34601
3. The mailing address (if different): P.O. Box 1543, Brooksville, FI 34605
I. Date of incorporation/qualification: Oct. 4, 2005 Document number: N05000010190
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)
Sigua, Gilbert C Dr. Resigned
10276 Palmgren Lane
Spring Hill, FI 34608 US
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Timothy G. Brown
10398 Bradford St.
P.O. Box NOT acceptable Spring Hill, Fl.34608
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 an officer or director Aurora Rice, Chairman of the Board 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.
Dintiffication D2 May 25/1
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *