## NO6000002615

(Re	questor's Name)				
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## COVER LETTER

TO: Amendment Section Division of Corporations							
Federal Bar Association/Orlando Chapter, Inc.							
Name of Corporation							
DOCUMENT NUMBER: N0600002615							
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:							
reaso totals all correspondence concerning into matter to the forewing.							
Lauren Millcarek, Esq.							
Name of Contact Person							
Shutts & Bowen LLP							
Firm/Company							
300 South Orange Avenue, Ste. 1600							
Address							
Orlando, FL 32801							
City/State and Zip Code							
Imillcarek@shutts.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
at ()							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Street Address: Amendment Section Amendment Section							
Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building							
Tallahassee, FL 32314 2661 Executive Center Circle							
Tallahassee, FL 32301							

CR2E045 (03/12)

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

statement of ch	e provisions of sections 607.050 ange is submitted for a corpora er to change its registered offic	tion organized under th	e laws of the Stat	te of Florida	this	_
1. The name of 2. The principa	the corporation: Federal Ball office address: 300 South	ar Association/O Orange Avenue	rlando Chap , Suite 1600	iter, Inc. , Orlando,	, FL	3280
3. The mailing	address (if different):					
	rporation/qualification:				315	
5. The name an Florida Depa	ed street address of the current runtiment of State: (If resigned, en	egistered agent and regi iter resigned)	stered office on f	ile with the	2019	
	Lauren Millcarek, Es	<b>q</b> .		ALL.	2019 MAY	
	200 South Orange A	venue, Suite 260	00	AHA	28	5
	Orlando, FL 32801			SSE SSE	P	T
6. The name an (if changed):	d street address of the new regi-	stered agent (if changed	) and /or register	ed office	3: 10	*
	Lauren Millcarek, Esc	q				
	300 South Orange A	venue, Suite 160	00			
	Orlando, FL 32801	O. Box. NOT acceptable				
The street addr	ess of its registered office and l be identical.	the street address of the	e business office	of its register	ed age	ent,
Such change wanthorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board s been notified in writi	of directors or by ng of the change	y an officer so	)	
16MD	A		Millcarek			_
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered to comply with the provisions of my duties, and I am familiar vis document is being filed mere that the corporation has been	agent and agree to act of all statutes relative t vith and accept the obli ely to reflect a change	o the proper and igation of my pos in the revistered	Complete sition as regis	tered s, I	
Laux	()-	05/24/19	)			
/	thature of Registered Agent		Date			-
_	chalf of an entity:					
Lauren Mill	yped or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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