

Division of Corporations

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**NO6000004925**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1031

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: RML7252@hotmail.com

**REGISTERED AGENT CHANGE  
SPACE COAST CANCER FOUNDATION, INC.**

|                       |         |
|-----------------------|---------|
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Corporate Filing Menu

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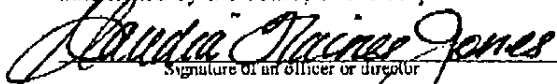
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

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: SPACE COAST CANCER FOUNDATION, INC.
2. The principal office address: \_\_\_\_\_  
850 CENTURY MEDICAL DRIVE, TITUSVILLE, FL 32796
3. The mailing address (if different): \_\_\_\_\_  
P.O. BOX 2608, TITUSVILLE, FL 32187-2608
4. Date of incorporation/qualification: 05/03/2006 Document number: N06000004925
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)  
RICHARD M. LEVINE, M.D.  
490 N WASHINGTON AVENUE  
TITUSVILLE, FL 32796
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
DEAN MEAD SERVICES, LLC  
800 N MAGNOLIA AVE., SUITE 1500  
P.O. Box NOT acceptable  
ORLANDO, FL 32803

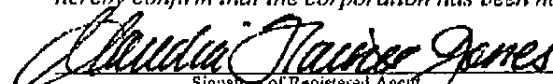
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Claudia H. Jones, Esq.  
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.

  
Signature of Registered Agent

12/17/2015  
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  
CR2F045 (03/12)

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