## N06000012064

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consider the American As Ellins Officers			
Special Instructions to Filing Officer:			

Office Use Only



900082269059

12/11/06--01022--005 \*\*35.00

O6 DEC 11 PM 2: 49
SCURE JARY OF STATE
TALLAHASSEE, FLORID

by RA Chance

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
The MAC Ferradation las	
SUBJECT: The M.A.C. Foundation, Inc. (Name of	Corporation)
DOCUMENT NUMBER: 006A00067863	
The enclosed Statement of Change of Registered Offi	ce/A gent and fee are submitted for filing
	•
Please return all correspondence concerning this matter	er to the following:
Steve Campana	
	ontact Person)
(Firm/C	Company)
5440 S. MacDill Ave, #3I	
(Ad	dress)
Tampa, FL 33611	
<del></del>	and Zip Code)
For further information concerning this matter, please	call:
	0.47.700.4
Steve Campana (Name of Contact Person)	at (813) 817-7084 (Area Code & Daytime Telephone Number)
(. tume of contact reason)	(Allea Code & Bajtime Totephone Planton)
Enclosed is a \$35.00 check made payable to the Depa	ertment of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
i diidiidooo, i D 52514	Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized r to change its registered office or registered	d under the laws of the State of <u>F</u>	lorida
1. The name of t	he corporation: The M.A.C. Foundation	, Inc.	
	office address: 1920 E. Habana Ave, Ta		
3. The mailing a	ddress (if different): 5440 S. MacDill Av	e, #3I, Tampa, FL 33611	
4. Date of incorp	oration/qualification: Nov 20, 2006	Document number: NO6C	0001206
	street address of the current registered agen tment of State:	at and registered office on file with	ı the
	Robert Savage		
	5440 S. MacDill Ave, #3I, Ta	mpa, FL 33611	OG DEC
6. The name and (if changed):	street address of the new registered agent (i	• ,	
	Steve Campana		D 2:49 STATE LORID,
	5440 S. MacDill Ave, #31, Ta (P.O. Box NOT acceptable)	mpa, FL 33611	A CO
	ss of its registered office and the street add be identical.		
Such change was authorized by th	is authorized by resolution duly adopted by the board, or the corporation has been notified	y its board of directors or by an order in writing of the change.	officer so
(Signatu	re of an officer or director)	Steve Campana, Presiden (Printed or typed name and tit	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and a comply with the provisions of all statute d I am familiar with and accept the obligating fled merely to reflect a change in the reflect notified in writing of this change.	gree to act in this capacity. s relative to the proper and comp tion of my position as registered egistered office address, I hereby	plete performance agent. Or, if this y confirm that the
<b>ノ</b> ノ(	nature of Registered Agent) half of an entity:	(Date)	
Steve Camp	Dana  Typed 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 \* \* \*