N0700003452-

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

Office Use Only



300208703633

06/13/11--01007--018 **35.00



Colison



Jennifer A. Watkins, ACP, FRP Certified Paralegal

> Akerman Senterfitt 125 Worth Avenue Suite 330 Palm Beach, FL 33480 Tel: 561.659.8660 Fax: 561.659.8679

Dir: 561.659.8663 jennifer.watkins@akerman.com

June 9, 2011

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Allen and Shirley Speiser Foundation, Inc.

Document number: N07000008452

Dear Sir or Madam:

Enclosed for processing is a Statement of Change of Registered Office or Registered Agent or Both for Corporations, together with our check in the amount of \$35.00 for the filing fee.

Thank you for your assistance.

Sincerely,

Jennifer A. Watkins, ACP, FRP

Kennely & Washins

Certified Paralegal

JAW/bhs Enclosures

cc:

Stan Brooks

akerman.com

BOCA RATON DALLAS DENVER FORT LAUDERDALE JACKSONVILLE LAS VEGAS LOS ANGELES MADISON MIAMI NAPLES NEW YORK ORLANDO PALM BEACH TALLAHASSEE TAMPA TYSONS CORNER WASHINGTON, D.C. WEST PALM BEACH

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida art to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Allen and Shirley Speiser Foundation, Inc.
2. The principal Florida 33	office address: c/o Akerman Senterfitt, 125 Worth Avenue ,Suite 330, Palm Beach, 480
3. The mailing a	ddress (if different): c/o Akerman Senterfitt, 125 Worth Avenue, Suite 330, Palm Bea
4. Date of incorp	poration/qualification: August 27, 2007 Document number:N0700008452
	I street address of the current registered agent and registered office on file with the three timent of State: (If resigned, enter resigned)
	John J. Raymond, Jr.
	Butzel Long, P.C., Suite 330, 125 Worth Avenue
	Palm Beach, FL 33480
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	515 E. Park Avenue
	P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signature Signature	Stanley Brooks, President Printed or typed name and title
I hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of all an if amiliar with and accept the obligation of my position as registered agent. Or, if this age is given as a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Katul	Vorsch, Asst. Sec. 6/6/2011 Date Date
If signing on bel	nalf of an entity:
Katie Won	sch. Assistant Secretary

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

Typed or Printed Name