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COVER LETTER

TO: Amendment Section **Division of Corporations** The Law Enforcement Memorial Family Crisis Fund, Inc. Name of Corporation N08000001240 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: James Fisher Name of Contact Person Firm/Company 1572 Harbor Club Drive Tallahassee, FL 32308 City/State and Zip Code cffisher@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Fisher Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is submitte	ed for a corporation organ)2, 607.1508, or 617.1508, Florida Sta nized under the laws of the State of Flo ered agent, or both, in the State of Flo	rida
		nent Memorial Family Crisis	
		ne, Gainesville, FL 32605	
3. The mailing address (if diffe	rent):		
4. Date of incorporation/qualif	cation: 8/25/2010	Document number: N08000	001240
5. The name and street address Florida Department of State:	•	agent and registered office on file with ed)	the
James Fis	her		
3515 NW	39th Lane		1976. American (1974)
Gainesvill	e, FL 32605		22
6. The name and street address (if changed):	of the new registered age	nt (if changed) and /or registered offic	
James Fis	sher		22
1572 Hart	oor Club Drive		, "
Tallahass	P.O. Box NOT ee, FL 32308	° acceptable	
The street address of its regist as changed will be identical.	ered office and the street	address of the business office of its re	
Such change was authorized by authorized by the board, or the	y resolution duly adopted corporation has been no	l by its board of directors or by an off tified in writing of the change.	īcer so
Cathy Fish	u	Cathy Fisher, Treasurer Printed or typed name and title	
I hereby accept the appointme I further agree to comply with performance of my duties, and agent. Or, if this document is hereby confirm that the corpo	the provisions of all stats I I am familiar with and a being filed merely to refl	d agree to act in this capacity. utes relative to the proper and compl accept the obligation of my position a ect a change in the registered office i	ete s registered address, I
James K 3	Lisher	5/17/17	
Signature of Registered	Agent	Date	
James Fisher			
Typed or Printed Nan	ne .		

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