

NO8000002804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 MAY - 7 PM 2:09

C.L.
5-13-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Federation of College Republicans

Name of Corporation

N08000002804

DOCUMENT NUMBER:

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:

Jonathan Riveras

Name of Contact Person

Florida Federation of College Republicans

Firm/Company

2525 west Tennessee street

Address

Tallahassee, FL, 32304

City/State and Zip Code

riveras.jonathan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Riveras

786

838-1351

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:

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

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: Florida Federation of College Republicans, Inc.
2. The principal office address: 2525 west Tennessee street, Tallahassee, FL, 32304

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: ND800002804

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)

Adam Cross

2800 SW 35th Ave Apt. 1003D

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jonathan Riveras

2525 west Tennessee street, Tallahassee, FL, 32304

P.O. Box NOT acceptable

SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY - 7 PM 2:09

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

Adam B. Cross

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

5/1/2015

Date

If signing on behalf of an entity:

Jonathan Riveras

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