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Division of Corporations

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From

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

AM 8: 00 PF STATE FLORD/

## REGISTERED AGENT CHANGE

THE BILL BEVILLE MEMORIAL CHARITABLE FOUNDATION IN ..

SECRETAREDF

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## H08000150372

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR B OTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, this statement of change is submitted for a corporation organized under the laws of the State of Flor da in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: The Bill Beville Memorial Charitable Foundation Inc.	
2. The principal office address: 2445 Snook Trail	
Palm Beach Gardens FL 33410	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/6/2008 Document Number: N0800000552 !	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  Mitchell Kitroser, Bsg.	NUL 80
2215 North Military Trail, Suite F	
West Palm Beach FL 33409	12
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	PH
Mitchell Kltroser, Esq.	$\ddot{\mathcal{S}}$
8895 North Military Trail, Suite C-201 (P.O. Box Not acceptable)	0,
Palm Beach Gardens FL 33410	0
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	l
Such change was authorized by resolution duly adopted by its board of directors or by an off er so authorized by the board, or the corporation has been notified in writing of the change.	)
MARTHA BROWN - Director	
(Signature of an office or director)  (Printed or Typed name and title) by Y.Ogurchikova as atty-in-fact  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 regis sted 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.	
6/12/2008	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Mitchell Kitroser, Esq.  (Typed or Frinced Name)  by Y. Ogurchikova as atty-in-fact  MAKE CHECKS PAVABLE TO FLORIDA DEPARTMENT OF STATE	

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Mitcheil I. Kitroser, P.A. 8895 North Mittary Trail Suite C-201 Palm Beach Gardens FL 33410 561-616-0092