NUSUULU5716

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ROTARY DISTRICT 6930 CHARITABLE FOUNDATION, INC

, N08000005770

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:

DAVID FREUDENBERG

Name of Contact Person

Firm/Company

3735 VICITORIA WAY

Address

BOCA RATON, FL 33434

City/State and Zip Code

DFREUD@USA.NET

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

For further information concerning this matter, please call:

DEBORAH FREUDENBERG

.561

、302-1199

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

CR2E045 (03/12)

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

		607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA
•	- II	ed office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: ROT	ARY DISTRICT 6930 CHARITABLE FOUNDATION, INC
2. The principal	office address: 3735	VICTORIA WAY BOCA RATON FL 33434
.3. The mailing a	iddress (if different): 9	622 PARKVIEW AVE, BOCA RATON FL 33428
4. Date of incorp	poration/qualification:	4/1/09 Document number: N08000005770
5. The name and		urrent registered agent and registered office on file with the
	(RESIGNED)	
6. The name and (if changed):	d street address of the r	new registered agent (if changed) and /or registered office
	DAVID FREUD	. 13
	3735 VICTORIA	WAY E 3
	DOCA DATON	P.O. Box NOT acceptable
	BOCA RATON,	11
		lice and the street address of the business office of its registered agent.
Such change wa authorized by the	as authorized by resolute board, or the corpor	ation duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
Debo	eh Freude ire of an officer or director	DEBORAH FREUDENBERG, SECRETARY Printed or typed name and title
I further agree performance of agent Or if th	to comply with the pro my duties, and I am fa is document is beiny f	Consider the control of this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered and accept the obligation of my position as registered The definition of the registered office address, I The definition of this change.
During	mature of Registered Agent	Sur 8/1/7
If signing on be	chalf of an entity:	
DAVID FREUDI	ENBERG, DISTRICT G	OVERNOR
Т	yped or Printed Name	* * * FILING FEE: \$35.00 * * *
		717 7 PILING PELL 333.00 7 7 7

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314