N0800011274

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(Ad	ldress)				
(Cit	ry/State/Zip/Phor	ne #)			
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MAR 1 2 2012 T. ROBERTS

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: AVE MARIA FOUNDATION FOR THE ARTS, INC. Name of Corporation						
DOCUMENT NU	MBER:N08	000011274				
The enclosed States	ment of Change of Registered Office	e/Agent and fee are submitte	ed for filing.			
Please return all co	rrespondence concerning this matter	to the following:				
	CYNTHIA Z. JORGENSEN Name of Contact Person					
	QUARLES & BRADY LLP Firm/Company					
411 E WISCONSIN AVE STE 2040 Address						
	MILWAUKE City/State ar	E WI 53202				
	eugene.munin@ E-mail address: (to be used for f		cation)			
For further informa	tion concerning this matter, please of	all:				
	HIA Z. JORGENSEN ne of Contact Person	at (414) Area Code & Daytim	277-5191 ne Telephone Number			
Enclosed is a \$35.0	0 check made payable to the Depart					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Sec Division of Cor Clifton Building	porations			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

SUBJECT: AVE MARIA FOUNDATION FOR THE ARTS, INC.						
Name of Corporation						
DOCUMENT NUMBER: N08000011274						
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:						
CYNTHIA Z. JORGENSEN Name of Contact Person						
Name of Contact Letson						
QUARLES & BRADY LLP						
Firm/Company						
411 E WISCONSIN AVE STE 2040						
Address						
MILWAUKEE WI 53202 City/State and Zip Code						
eugene.munin@avemaria.edu E-mail address: (to be used for future annual report notification)						
E-man address. (to be used for future armual report normeation)						
For further information concerning this matter, please call:						
CYNTHIA Z. JORGENSEN at (414) 277-5191						
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 Street Address: Amendment Section Division of Corporations Clifton Building						

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	nnge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of FLORIDA
1. The name of	the corporation: AVE	MARIA FOUN	DATION FOR TH	E ARTS, INC.
2. The principal	office address: 5050 A	VE MARIA BLV	′D	
	AVE N	1ARIA FL 34142		
3. The mailing a	nddress (if different): SA	AME		
4. Date of incor	poration/qualification:	12/15/2008	Document number:	N08000011274
	d street address of the curtment of State: (If resign		t and registered office on f	ile with the
	NAPLES-LAWDO	CK, INC.		
	1395 PANTHER L	ANE, SUITE 30	0	no tops distri
	NAPLES FL 34109	9		
6. The name and (if changed):	I street address of the ne	w registered agent (i	f changed) and /or register	ed officeCRE
	EUGENE MUNIN			
	5050 AVE MARIA			FLST
	AVE MARIA FL 34	P.O. Box NOT acc	ceptable	
The street address changed will	ess of its registered office be identical.	ce and the street add	lress of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.
Signatu	re of an officer or director		Printed or typed nam	ie and title
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec beenmotified in writin	istered agent and a isions of all statutes d accept the obliga et a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. id complete performance istered agent. Or, if this hereby confirm that the
Sig	nature of Registered Agent EU	GENE MUNIN	Date	
	half of an entity:	∵ m171m 171 ∪ 171117		
	yped or Printed Name			

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