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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 23 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1963 GIBBS ALUMNI, INC.
Name of Corporation

DOCUMENT NUMBER: N09000003408

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:

OLIVIA H. LAMBERT

Name of Contact Person

1963 GIBBS ALUMNI, INC

Firm/Company

6250 19TH ST S

Address

ST PETERSBURG, FL 33712

City/State and Zip Code

OLAMBERT45@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

OLIVIA H. LAMBERT

Name of Contact Person

at (727) 867-5859

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: 1963 GIBBS ALUMNI, INC.
2. The principal office address: 6250 19TH ST S, ST PETERSBURG, FL 33712
3. The mailing address (if different): P O BOX 35386
ST PETERSBURG, FL 33705
4. Date of incorporation/qualification: APRIL 2, 2009 Document number: N09000003408
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)

WHITEHEAD, ELLANORA D (DIED JAN. 17, 2018)

3414 EASTMONTE DR

VALRICO, FL 33596-6086

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

LAMBERT, OLIVIA H

6250 19TH ST S

P.O. Box NOT acceptable

ST PETERSBURG, FL 33712

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

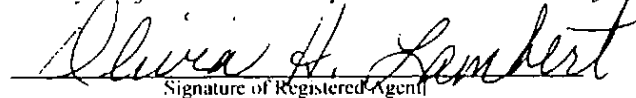
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

MAJOR MACON, TREASURER

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

JULY 19, 2018

Date

If signing on behalf of an entity:

Olivia H. Lambert
Typed or Printed Name

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