

N090000006215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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Change

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2009 AUG 26 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
8/28/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA HIGHWAYMEN ARTIST AND HISTORY CE
Name of Corporation

DOCUMENT NUMBER: N9000006215

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:

MARY ANN CARROLL
Name of Contact Person

FLORIDA HIGHWAYMEN ARTIST
Firm/Company

3206 JUANITA AVE
Address

FORT PIERCE, FL. 34946
City/State and Zip Code

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

For further information concerning this matter, please call:

MARY ANN CARROLL at (772) 332-2127
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 HIGHWAYMEN ARTIST AND HISTORY CENTER, INC.
2. The principal office address: 1323 Avenue D
Ft. Pierce, FL 34950
3. The mailing address (if different): P.O. Box 1745
Ft. Pierce, FL 34954-1745
4. Date of incorporation/qualification: 06/19/2009 Document number: N9000006215
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)

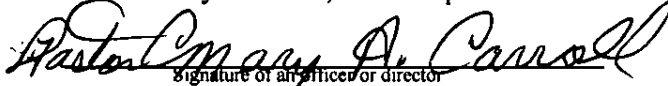
KELVIN HAIR
1901 MAYFLOWER RD
FORT PIERCE, FL. 34950

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

MARY ANN CARROLL
3206 JUANITA AVE
P.O. Box NOT acceptable
FORT PIERCE, FL. 34946

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

MARY ANN CARROLL, PRESIDENT
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

8/24/2009
Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

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