N10000003740

(Requesto	r's Name)				
(Address)					
(Address)					
(City/State	/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business	Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





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03/26/12--01055--011 **35.00

DIVISION OF COMPUNISHING

RAROCH8
(1) 3/29/12

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: lota Delta Scholarship Foundations, Inc. Name of Corporation				
DOCUMENT NUMBER: <u>N1000003740</u>				
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:				
Clayton K. Lewis Name of Contact Person				
lota Delta Chapter				
Firm/Company				
10567 Valentine Road				
Address				
Tallahassee, Florida 32317				
City/State and Zip Code				
cklewis65@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Clayton K. Lewis at (850) 413-6578				
Clayton K. Lewis at (850) 413-6578 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 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

statement of cha	ange is submitted for a co	orporation organized	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	nte of Florida		
	the corporation: lota D	· ·	•	le of Florida.		
	office address; 3701 L		inp i oundation			
Orlando, F						
4. Date of incorp	poration/qualification:	04/14/2010	Document number:	N10000003740		
	d street address of the cur tment of State: (If resign		t and registered office on t	file with the		
	Corporation Service Company					
	1201 Hays Street					
	Tallahassee, Florid	ia 32301-2525		121		
6. The name and (if changed):	i street address of the nev	w registered agent (i	f changed) and /or register	12 MAR 26 AM 8: 25		
	Clayton K. Lewis					
	വ 10567 Valentine Road North					
		P.O. Box NOT acc	eptable			
	Tallahassee, Florid	la 32317				
The street address changed will	ess of its registered offic be identical.	e and the street add	fress of the business offic	e of its registered agent,		
Such change wa authorized by th	as futhorized by resolution by both as a surface of the corporation of the corporation as a surface of the corporation of the c	on duly adopted by tion has been notified	its board of directors or ed in writing of the chang	by an officer so		
\mathcal{L}	pol an officer or director)	Pherules	Sylvester Taylo	or - President		
I hereby accept I further agree to of my duties, a document is bei corporation has	the appointment as regi of comply with the provi of I am familiar with and no filed merely to reflect been notified in writing	istered agent and a sions of all statutes d accept the obligat t a change in the re g of this change.	gree 10 act in this capacit relative to the proper ar- tion of my position as reg gistered office address, I	ty, id complete performance istered agent. Or, if this Thereby confirm that the		
	hatufe 81 Registered Agent	6	March 2	2012		
Classo	half of an entity: Lon L. Len Prod or Printed Name	~^ <u>~</u>				

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