

N100000006760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

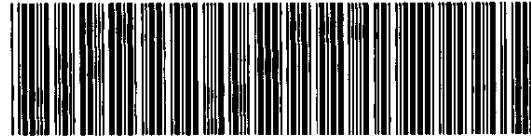
(Business Entity Name)

(Document Number)

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2010 AUG -6 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*ASR
8/9/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BREVARD COUNTY ASSOCIATION FOR WOMEN LAWYERS, INC.
Name of Corporation

DOCUMENT NUMBER: N10000006760

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:

ANGELA D. STURM
Name of Contact Person

—
Firm/Company

120 ORLANDO BLVD
Address

INDIALANTIC, FL 32903
City/State and Zip Code

adesquire@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA D. STURM at (321) 474-6993
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: BREVARD COUNTY ASSOCIATION FOR WOMEN LAWYERS, INC.
2. The principal office address: 120 ORLANDO BLVD, INDIALANTIC, FL, 32903

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 7/16/10 Document number: N10000006760

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)

ANGELA D. STURM
2800 AURORA ROAD, SUITE J
MELBOURNE, FL 32935

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

ANGELA D. STURM
120 ORLANDO BLVD
P.O. Box NOT acceptable
INDIALANTIC, FL 32903

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

ANGELA D. STURM, 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]
Signature of Registered Agent

8/3/10
Date

If signing on behalf of an entity:

ANGELA D. STURM
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)