

411000001050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

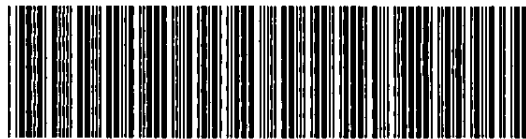
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500239130775

09/14/12--01012--011 **35.00

2012 SEP 14 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
C. Chase
9/17/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Automatic Fire Alarm Association, Inc.
Name of Corporation

N11000001050

DOCUMENT NUMBER:

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:

Guy Kreps

Name of Contact Person

Florida Automatic Fire Alarm Association, Inc.

Firm/Company

3937 Ambassador Dr.

Address

Palm Harbor, FL 34685

City/State and Zip Code

Treasurer@FLAFAA.org

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

For further information concerning this matter, please call:

Guy Kreps, Treasurer FL AFAA

813 299-4727

Name of Contact Person at () 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 Automatic Fire Alarm Association, Inc.
2. The principal office address: 3937 Ambassador Dr., Palm Harbor, FL 34685

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/01/2011 Document number: N11000001050

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)

Kristian E. White
9167 Cherry Trace
Seminole, FL 33777

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

Guy Kreps
3937 Ambassador Dr.
Palm Harbor, FL 34685

P.O. Box NOT acceptable

2012 SEP 14 PM 12:28
DEPT. OF STATE
TALLAHASSEE, FLORIDA

2012 SEP 14 PM 12:28

FILED

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.

Kristian E. White
Signature of an officer or director

Kristian E. White President FLAFAA
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.

Guy Kreps
Signature of Registered Agent

9-7-12
Date

If signing on behalf of an entity:

Typed or Printed Name

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