

11100000 4737

AVFDA

P.O. Box 86

Apalachicola, FL 32329

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

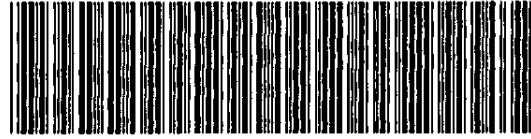
(Business Entity Name)

(Document Number)

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Change
12-6-11

**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: Apalachicola Volunteer Fire Department
2. The principal office address: 180 4th St., Apalachicola, FL 32320 Auxiliary Tr

3. The mailing address (if different): P.O. Box 86
Apalachicola, FL 32329.

4. Date of incorporation/qualification: May 12, 2011 Document number: N11000004737

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)

Karla Ambos
24 Ambos Lane
Apalachicola, FL 32320

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

Marisa Getter
180 4th Street
P.O. Box NOT acceptable
Apalachicola, FL 32320

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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

Marisa Getter
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

12/1/11
Date

If signing on behalf of an entity:

MARISA GETTER
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)