

N13000006529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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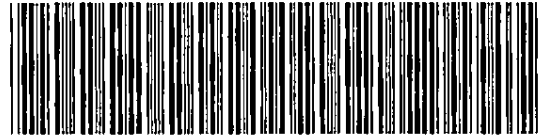
(Business Entity Name)

(Document Number)

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J MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami International Science Fiction Film Festival
Name of Corporation

DOCUMENT NUMBER: N13000006529

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:

Eric Swain

Name of Contact Person

Miami International Science Fiction Film Festival

Firm/Company

7452 SW 166 Terrace

Address

Palmetto Bay, FL 33157

City/State and Zip Code

as@miscifi.com

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

For further information concerning this matter, please call:

Eric Swain

Name of Contact Person

at (786) 863-1710

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

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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: Miami International Science Fiction Film Festival

2. The principal office address: 7452 SW 166 Terrace, Palmetto Bay, FL 33157

3. The mailing address (if different): 2421 NW 98th Lane, Sunrise, FL 33322

4. Date of incorporation/qualification: 7/17/2013 | Document number: N13000006529

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)

Agents and Corporations, Inc.

300 Fifth Avenue South, Suite 101-330

Naples, FL 34102

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

Troy P. Bernier

2421 NW 98th Lane

P O Box NOT acceptable

Sunrise, FL 33322

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

Eric Swain

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

Troy P. Bernier

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 (03/12)