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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: Rotary Club of International Drive - Orlande INC. Name of Corporation					
DOCU	MENT NUMBER: N 1566000 4228					
The cn	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	ERDAL ERSCY - Treasurer Name of Contact Person N/A Firm/Company					
	Firm/Company					
	2054 Blairmoez Place Address					
A De OKA FL 32 70 3 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	ERDAL ERSCI) at (321) 9462727 Name of Contact Person Area Code & Daytime Telephone Number					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1		
	nge is submitted for a corporation organized under the laws o	•	<u></u>
	to change its registered office or registered agent, or both, in	•	
1. The name of th	ne corporation: Rotary Club of Internation of of the of the office address: 2054 Blair mock Place	nal Drive - Crl	ONNE IN
2. The principal of	office address: 2054 Blair mock Place		<u>-</u>
······································	Apopka +L 32703		
3. The mailing ad	ddress (if different):	······································	
4. Date of incorpo	poration/qualification: April 27 2015 Document num	nber: <u>V /50.000</u>	4228
5. The name and	street address of the current registered agent and registered of tment of State: (If resigned, enter resigned)		
_	Tim Trieschmann		
-	`	<u>caned</u> .	
-	906 Princeton Drive Resid		
6. The name and : (if changed): -	street address of the new registered agent (if changed) and /or FREAT FRESCY 2054 Blairman Place P.O. Box NOT acceptable Approximately F2 32703	A-5522	7 = 7 -
The street addres as changed will b	ss of its registered office and the street address of the business dentical.	ess office of its registered	l agent,
Signature I hereby accept the further agree to performance of magent. Or, if this	the appointment as registered agent and agree to act in this of comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the rehat the corporation has been notified in writing of this change.	re change. CSCY — Trecisue. typed name and title capacity. coper and complete of my position as register egistered office address.	red
Signa	ature of Registered Agent	Date	
If signing on beha	alf of an entity:		
EKDI TVD	AL FILSCY ped or Printed Name		

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