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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: North Breyard Mural Society
2. The principal office address: 403 Indian River Ave J  Titusville, FL 32780
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/28/15 Document number: N1500007400
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)
Luann Malark  14 S. Holidag hane resigned  Titusville, FL 32796
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Revaluation    Revaluation    Revaluation    P.O. Box NOT acceptable    Thus unlike, FL 3 2 7 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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 any officer or director  Hereal Signature of any officer or director  Printed or typed name and title  Thereal Signature of any officer or director  Thereal Signature of any officer or director or director of any officer or director of any officer or director of any officer or director or
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  Date
If signing on behalf of an entity:
North Brevard Mural Society  Typed or Printed Name  Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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