Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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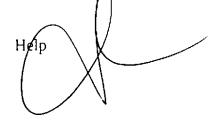
To:			2024 HAR 15
10.	Division of Co	rporations	7
		: (850)617-6380	H. 10
From:			(A)
	Account Name	: REGISTERED AGENTS INC.	1,,,
	Account Number	: I20090000081	
	Phone	: (307)200-2803	أسيلم نتسام
	Fax Number	: (813)436-5206	.43

REGISTERED AGENT CHANGE
THE FLORIDA PRO BONO COORDINATORS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporation	17.0502, 607,1508, or 617.1508, Florida S corganized under the laws of the State of <u>F</u> registered agent, or both, in the State of F	Florida	·	
1. The name of t	he corporation: Florida Pro Bono C	Coordinators Association (FPBCA)			
2. The principal	office address:				
3. The mailing a	ddress (if different):				
		Document number: N210000			
	street address of the current registment of State: (If resigned, enter i	tered agent and registered office on file wiresigned)	th the		
	CORPORATION SERVICE COMPA	ANY			
	201 HAYS ST		.: .: .:	<u>.</u>	
	TALLAHASSEE, FL 32301		I ALL		Ī
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi		$\tilde{\omega}$.		
	Registered Agents Inc		·	œ Tr	J
	7901 4th St N STE 300		ا ئے۔	25	
	St. Petersburg FL 33702	P.O. Box NOT acceptable	•		
The street addre	ss of its registered office and the be identical.	street address of the business office of its	s registered	agent,	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so		
Samuel	a Henell	Samantha Howell			
I hereby accept I further agree to of my duties, and document is bein	o comply with the provisions of a d I am familiar with and accept to	ent and agree to act in this capacity. Il statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb	iplete perfo d agent. Or	r, if this	
Don'd Opens		3/15/2024			
U ~	nature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
David Roberts					
Ty	ped or Printed Name	•			

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