



Environmental Protection

Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

August 30, 1999

Mr. David Mann, Director **Division of Corporations** Department of State Post Office Box 6327 Tallahassee, FL 32314

100002975741---5

Dear Mr. Mann:

This letter is to certify to you that the Friends of Fort Cooper, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP

Director

Division of Recreation and Parks

FPM/paw Attachments

S. PAYNE

ATEMENT 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, the
undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered affice or registered agent, or both, in the
State of Florida. 1. The name of the corporation is: Francis of fort Cooper, Inc.
2. The mailing address of the corporation is: 3100 old FLORAL City rel
Unvormen Fl 34450-6913
3. Date of incorporation/qualification. 3/17/89 Document number: 1/3/240
4. The name and address of the current registered agent and office:
HARRY MITCHELL
3/00 old Filosolity nel
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
ALLAN D. HAYWARD
3100 old Filoral City pd
Unvernes 71 34450-6913
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
authorized by the board.
(Signature of an officer, charman or vice chairman of the board) (Date)
ALLAND HAY WARD president (Printed or typed name and title)
(Frinted or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. Firther agree to comply with the provisions of all statutes relative to the proper and complete segistered agent. Serformance of my duties, and I am familiar with and accept the obligation of my position as
Octon Dayword 7-15-99
(Dete)
signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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