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Concern of High Carrier was a

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

FLORIDA ASSOCIATION FOR STAFF DEVELOPMENT, INC.

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Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Floride et to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation: FLORIDA ASSOCIATION FOR STAFF DEVELOPMENT, INC.		
2. The principal	office address: DA AVE BAY DIS, SCHOOLS PANAMA CITY FL 32401 US		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/15/1990 Document number: N40853		
5. The name and	d street address of the current registered agent and registered office on file with the rement of State:		
·	A.G.C. CO	09	SEC
	200 S ORANGE AVE, STE 2300	09 OCT 1'6	AET.
	ORLANDO FL 32801 US	16	ARY SSE
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	A	OF SIA
	C T Corporation System	25	Ö,
	c/o C T Corporation System, 1200 South Pine Island Road		
	(P.O. Bux NOT acceptable) Plantation, Florida 33324		
	And the second s		
The street addre	ess of its registered office and the street address of the business office of its registered as be identical.	jent,	
authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Debra L. Barrett Cooke E (Printial or typed hands and fille)	<u>kecu</u>	hie or
I hereby accept I further agree to of my duties, and document is beli corporation has	The appointment us registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete perform of I am familiar with and accept the obligation of my position as registered agent. Or, it no filed merely to reflect a change in the registered office address. I hereby confirm that been notified in prising of this change.	ance f this t the	
By: (Sig	gradure of Registered Agent) (Date)		
lf signing on bel	half of an entity:		
M	adonna Cuddihy		
Specia	* * * FILING FEE: \$35.00 * * *		
M/ CK2E045 (8/05)	Make Checks Payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

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