N47040

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SECRETARY OF STATE

PA Change

COVER LETTER

TO:	Amendmen Division of	t Section Corporations				
SUBJECT: Friends of 440 Scholarship Fund Name of Corporation						
DOCU	JMENT NUI	MBER:	N47040			
The er	closed Staten	nent of Change of Registered Off	ice/Agent and fee are submitted	l for filing.		
Please	return all cor	respondence concerning this mat	ter to the following:			
		R. Cory	Schnepper Contact Person			
	_	Name of C	Contact Person			
	Friends of 440 Scholarship Fund, Inc.					
	•		Company			
		One Datran Center, 9100		010		
	·	A	ddress			
		Miami,	FL 33156			
		City/State	and Zip Code			
		friendsof440	@hotmail.com			
	_	E-mail address: (to be used for	future annual report notifica	ntion)		
For fu	rther informa	tion concerning this matter, pleas	e call:			
		Blanca Barra	at (305)	4238710		
	Nam	ne of Contact Person	at (<u>305</u>) Area Code & Daytime	Telephone Number		
Enclos	sed is a \$35.0	0 check made payable to the Dep	artment of State.			
		Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Secti Division of Corpo			
		P.O. Box 6327	Clifton Building			
		Tallahassee, FL 32314	2661 Executive C Tallahassee, FL 3			

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 Singe is submitted for a corporation organized under the laws of the State of \underline{F} r to change its registered office or registered agent, or both, in the State of Fi	Florida
	he corporation: Friends of 440 Scholarship Fund, Inc. office address: One Datran Center, 9100 S. Dadeland Blvd., Suit	te 1010
Miami, Flo	rida 33156	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 01/27/1992 Document number:	N47040
	street address of the current registered agent and registered office on file with truent of State: (If resigned, enter resigned)	h the
	Richard A. Sadow	
	9350 S. Dixie Highway, 10th Floor	ي
	Miami, Florida 33156	TECH OL TI
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	CREATER
	R. Cory Schnepper	Po E W
	One Datran Center, 9100 S. Dadeland Blvd., Suite 1010 P.O Box NOT acceptable	FATE S
	Miami, Florida 33156	
The street addre	ess of its registered office and the street address of the business office of its be identical.	s registered agent,
Signatur	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and com d I am familiar with and accept the obligation of my position as registered agent and egree to act in the proper and com d I am familiar with and accept the obligation of my position as registered in g filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance lagent. Or, if this y confirm that the
If signing on be	nature of Registered Igent Date half of an entity:	
R. Com	Johnsper der Friends of 440 Scholanship Land, In	(-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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