BECKER & POLIAKOFF, P.A.

Administrative Office:

3111 Stirling Road
P.O. Box 9057
Pt. Lauderth, Florida 33312-6525
Pt. Lauderth, Florida 33310-9057
Pt. Lauderth, Florida 3057
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Reply To: Allen M. Levine, Esq. Direct Line (954) 985-4141

*****35.00 *****35.00

January 20, 1997

Pt. Lauderdale Pt. Myers

Florida Offices

Boca Raton*

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Bern, Switzerland

Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Re: Coral Springs Civic Cultural & Educational Foundation, Inc.

Change of Registered Agent

Dear Madam/Sir:

Enclosed is the original of the Statement of Change of Registered Agent form along with a check in the amount of \$35.00 for your filing fee.

Very truly yours,

ALLEN M. LEVINE For the Firm

AML/ds Enclosures

cc: Ken Fink, Chairman

SECRETARY OF STATE
SECRETARY OF STATE

APPROVE

BECKER & POLIAKOFF, P.A

My Son or

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Floring submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Sorings 1. The name of the corporation is: Document number N 1a. Date of incorporation The name and address of the current registered agent and office: いい 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) The street address of its registered agent and the street address of the business of of its registered agent as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directed or by an officer so authorized by the board. SIGNATURE x e and title) DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT SIGNATURE (Registered Agent)

Division of Corporations, P.O. Box 6327, Tailahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-90)