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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 076077001654
Phone : (813) 273-4229
Fax Number : (813) 273-4396

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FLA2TAMPA@MACFAR.COM

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18 MAY 11 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
SUNCOAST AGE OF ENLIGHTENMENT ASSOCIATION, INC.**

Certificate of Status	0
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STATEMENT 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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Suncoast Age of Enlightenment Association, Inc.
2. The principal office address: 4925 S. Westshore Blvd., Tampa, FL 33611
3. The mailing address (if different): 4925 S. Westshore Blvd., Tampa, FL 33611
4. Date of incorporation/qualification: 9/9/1992 Document number: N50746
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Andrew K. Macfarlane201 N. Franklin Street, Suite 2000Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ellen M. Macfarlane201 N. Franklin Street, Suite 2000

P.O. Box NOT acceptable

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

H. Macfarlane
Signature of an officer or director

Hugh C. Macfarlane V.
Printed or Typed Name and Title

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ellen Macfarlane
Signature of Registered Agent

May 11, 2018
Date

If signing on behalf of an entity:

Ellen
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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