N94000002032

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number) .
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

RAChange Neces 5-18-11

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: MARGARITE BATEASE FUND, IN	C.		
	N040000222			
DOC	UMENT NUMBER: N9400002032			
The er	nclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to	the following:		
	Post-Formation Filings			
	(Name of Contact Person)			
	My Corporation Business Service	es. Inc.		
	(Firm/Com			
	23586 Calabasas Road, Suite 10	2		
	(Addres	s)		
	Calabasas, CA 91302			
	(City/State and	Zip Code)		
For fu	orther information concerning this matter, please cal	l:		
Post	-Formation Filings	at (877) 692-6771		
1 000	(Name of Contact Person)	at (877) 692-6771 (Area Code & Daytime Telephone Number)		
Enclos	sed is a \$35.00 check made payable to the Department	ent of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

TO:

MyCorporation•

23586 Calabasas Rd Suite 102 Calabasas, CA 91302 Toll-Free; 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

May 2, 2011

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE: Margarite Batease Fund Inc.

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Office/Agent for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 23586 Calabasas Road Suite 102 Calabasas, CA 91302P

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO POST FORMATIONS AT 888-692-6771.

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 Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	the corporation: MARGARITE BATEASE FUND, INC.	
2. The principal	office address: 64 Beaver St. Suite 335 New York, NY 10004	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 04/22/1994 Document number: N9400002032	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	NANCY E. CROWN, P.A.	
	7301 WEST PALMETTO PARK ROAD 101-A	
	BOCA RATON FL 33433 US	ı •
6. The name and (if changed):	BOCA RATON FL 33433 US d street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc.	HEREAL SECTION
	NRAI Services, Inc.	
	2731 Executive Park Drive., Suite 4 (P.O. Box NOT acceptable) Weston, Florida 33331) [~]
The street addre	ess of its registered office and the street address of the business office of its registered agent, lbe identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
(Signate	James Foster, Director (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei corporation has	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 complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
M/Sij	graphic of Registered Agehr) 51.50. 519201 (Date)	
If signing on be	chalf of an entity:	
Meghan R	Record, Asst. Sec.	
(1	Typed or Printed Name)	

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