N9400002820

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GREATER FORT MYERS CHAMBER C Name of Corporation	OF COMMERCE FOUNDATION, INC.	
DOCUMENT NUMBER: N94000002820		
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Asher E. Knipe, Esq.		
Name of Contact Person		
Knott Ebelini Hart		
Firm/Company		
1625 Hendry St., Third Floor		
Address		
Fort Myers, FL 33901		
City/State and Zip Code		
AKnipc@Knott-Law.com		
E-mail address: (to be used for future annual r	report notification)	
For further information concerning this matter, ple	ease call:	
Asher E. Knipe	at (239)334-2722 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the D	Department of State.	
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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 inge 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.	
	the corporation: Greater Fort Myers Chamber of Commerce Foundation, Inc.	
2. The principal	office address: 2310 Edwards Dr., Fort Myers, FL 33901	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/01/1994 Document number: N94000002820	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Thomas B. Hart, Esq.	
	Knott Ebelini Hart	76
	1625 Hendry St., Third Floor, Fort Myres, FL 33901	7022 Tigy
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	<u>-</u>
	ASRCI E. Knipe, Esq.	
	Knott Fhelini Hort	2, 2,
	P.O. Box NOT acceptable	
	1625 Hendry St., Third Floor, Fort Myers, FL 33901	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
(In	Executive Director	
_	re of an officer or director Printed or typed name and title	
l hereby accept I further agree t of my duties, and document is bein 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 of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.	
/h	nature of Registered Agent Date	
If signing on bel	half of an entity:	
Ash	Vec Knipe	

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