N9400006265

·	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Dusinger Estitubleses)	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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ON SERVICE COMPANY.						
	ACCOUNT NO.	:	07210000	0032		
	REFERENCE	:	916111	7640284		
	AUTHORIZATION	:	VX.	Renan		
	COST LIMIT	:	\$ 35.00	CHO.		
ORDER DATE :	March 6, 2009					
ORDER TIME :	10:26 AM					
ORDER NO. :	916111-100					
CUSTOMER NO:	7640284					
	• • • • • • • • • • • • • • • • • • •					
CHANGE OF AGENT						
NAME: THE ROBERT AND ALDONA BEALL FAMILY FOUNDATION, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTII PLAIN						
CONTACT PERSON	N: Heather Chapm	an	EXT# 29	908		
			EXAMINER			

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.150 unge is submitted for a corporation organized under er to change its registered office or registered agent,	the laws of the State of Florida	
	the corporation: THE ROBERT AND ALDONA BEA	•	
2. The principal	office address: 1806 38th Avenue East		
	n, FL 34208		
	nddress (if different): P.O. Box 25207 n, FL 34206-5207		
4. Date of incorp	poration/qualification: 12/23/1994 Docu	ument number: N9400006265	
	d street address of the current registered agent and returnent of State:		
	Blalock Landers Walters & Vogler		
	802 11 Street West		
	Bradenton, FL 34205	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
6. The name and (if changed):	I street address of the new registered agent (if chang	sed) and /or registered office AHASSET	FI
	Corporation Service Company	SSE	T
	1201 Hays Street	EE.FLO	
	(P.O. Box NOT acceptable)	RA F	
	Tallahassee, FL 32301	- 5m F	
•	ess of its registered office and the street address of be identical.		
Such change wa authorized by th	as authorized by resolution duly adopted by its borne board, or the corporation has been notified in w	ard of directors or by an officer so riting of the change.	
May	ure of an officer of director) Maure	een Cullen, Attorney in fact	
I hereby accept I further agree t of my duties, and document is beit corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes relatived I am familiar with and accept the obligation of the filed merely to reflect a change in the registeres been notified in writing of this change. tion Service Company	act in this capacity. ve to the proper and complete performance my position as registered agent. Or, if this ed office address, I hereby confirm that the	
DW / C	gnature of Registered Agent) 03/09/	(Date)	
If signing on bel	half of an entity:		
	Vannoy, Assistant VP 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 (8/05)