1195000001784

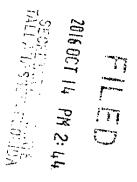
(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	lity/State/Zip/Phone #	P)		
PICK-UP	☐ WAIT	MAIL		
(E	susiness Entity Name)		
(Document Number)				
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				

Office Use Only



700291155357

10/14/16--01023--019 **210.00



RARD Ch8

OCT 17 2016

I ALBRITTON

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

statement of ch	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida	
		stered agent, or both, in the State of Florida.	
1. The name of	the corporation: FPL Historical M	useum, Inc.	
2. The principal	office address: 700 Universe Blv	d, Juno Beach, FL 33408	
	address (if different): 700 Universe each, FL, 33408	Blvd, Attn: Corporate Governance	·
4. Date of incor	poration/qualification: 4/14/1995	Document number: N9500001784	
5. The name and		agent and registered office on file with the	
	J. E. Leon		
	4200 West Flagler Street, S	uite 2123 ₹ _∞ ≅	
	Miami, FL 33134	60 CT	, may an a
Miami, FL 33134 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Lee 700 Universe Blvd			
	David Lee		
	700 Universe Blvd		
		OT acceptable	
	Juno Beach, FL 33408		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its registered ag	gent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.	
NE		W. Scott Seeley, Secretary	
ŭ	re of an officer or director	Printed or typed name and title	
l further agree i performance of agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	tutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address. I	1
at	lu	10/11/2016	
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
Т	yped or Printed Name		

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