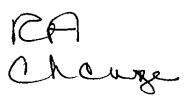
## N9500005122

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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04/25,'05--01018--022 \*\*35.00

PILED PRISE SO SECRETARY OF STATE AND SO SEC

CORPORATE Z	
\ ACCERCA	venue . Tallahassee, Florida 32303
INC. P.O. Box 37066 (32315-7066)	~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
PICK UP 4	KIN
CERTIFIED COPY	CUS
	VILING AMEN
1.) International Hol (CORPORATE NAME & DOCUMENT #)	Ocaust Educational Center, In
2.)(CORPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT #)	
4.)(CORPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	

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

	•	organized under the laws of the State of Florida
		registered agent, or both, in the State of Florida.
1. The name of	f the corporation: International Holoc	caust Educational Center, Inc.
2. The principa	al office address: 6529 Central Aven	nue, St. Petersburg, FL 33710
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 10-31-1995	Document number: N95000005122
	nd street address of the current regist artment of State:	ered agent and registered office on file with the
	D. Jay Snyder, Esquire	
	6529 Central Avenue	2000年第四
	St. Petersburg, FL 33710	· · · · · · · · · · · · · · · · · · ·
6. The name at (if changed)	_	d agent (if changed) and /or registered office
	John Loftus	
	3560 Coquina Key Drive, SE	
	(P.O. Box NOT ac	ceptable)
	St. Petersburg, FL 33705	
The street add as changed wi	ress of its registered office and the ill be identical.	street address of the business office of its registered agent,
Such change vauthorized by	was authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
	Le	John Loftus, President
(Hings:	atific of an officer or director)	(Printed or typed name and title)
I hereby accept further agree of my duties, a document is be corporation he	of the appointment as registered age to comply with the provisions of a and I am familiar with and accept the eing filed merely to reflect a chang as been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
	4	1)-19-P<
7	Signature of Registered Agent)	(Date)
If signing on b	chalf of an entity:	
John Loffus		
<del></del>	(Typed or Printed Name)	

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