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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida State Fair Foundation, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N96000000902

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Rasmussen

Name of Contact Person

Glenn Rasmussen, P.A.

Firm/Company

100 South Ashley Drive, Suite 1300

Address

Tampa, Florida 33602

City/State and Zip Code

RRasmussen@GlennRasmussen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C. Rasmussen

Name of Contact Person

at 813 229-3333

Area Code &amp; Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida State Fair Foundation, Inc.
2. The principal office address: 4800 U.S. Highway 301 North, Tampa, Florida 33610-7350
3. The mailing address (if different): P.O. Box 11766, Tampa, Florida 33680-1766

4. Date of incorporation/qualification: February 20, 1996 Document number: N96000000902

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gordon J. Schiff1211 North Westshore Boulevard, Suite 401Tampa, Florida 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert M. Thomas40 Ranch RoadP.O. Box NOT acceptableThonotosassa, Florida 33592

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or directorRobert M. Thomas, Chairman of the BoardPrinted or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Signature of Registered AgentSeptember 26, 2013Date

If signing on behalf of an entity:

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

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FILED  
2013 OCT - 8 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA