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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: BOYNTON CULTURAL CENTRE, INC  Name of Corporation						
	Name of C	orporation				
DOCUMENT NUMBER: N9600004081						
The enclosed Statem	nent of Change of Registered Office	e/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
AMY HEVER						
Name of Contact Person						
POYNTON CHI TURAL CENTRE						
BOYNTON CULTURAL CENTRE Firm/Company						
129 EAST OCEAN AVE						
	Addı	ess				
		**************************************				
BOYNTON BEACH, FL 33425  City/State and Zip Code						
		•				
amy@schoolhousemuseum.org  E-mail address: (to be used for future annual report notification)						
•	e man address. (to be ased for it	initial report nonneurony				
For further information concerning this matter, please call:						
	Amy Hever	at ( 561 ) 742-6784  Area Code & Daytime Telephone Number				
Nam	Amy Hever e of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee FI 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga ir to change its registered office or regist	nized under the laws of the State o	f Florida
1. The name of	the corporation: Boynton Cultural	Centre, Inc.	
	office address: 129 East Ocean Av		3435
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: August 2, 19	96 Document number:	N96000004081
	I street address of the current registered a trnent of State: (If resigned, enter resigned	<del>-</del>	with the
	Stacey Accardi (Resigned)		
	129 East Ocean Ave.		1 1 SEC
	Boynton Beach, FL 33435		TEB, OFF
6. The name and (if changed):	I street address of the new registered age	nt (if changed) and /or registered o	11 FEB 25 PH 3: 1
	Amy Hever		ب ب
	129 East Ocean Ave.	DT acceptable	
	Boynton Beach, FL 33435	) i acceptable	
The street addre	ess of its registered office and the street be identical.	address of the business office of	f its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by otified in writing of the change.	an officer so
White Signatur	Edwards	Brian Edwa Printed or typed name an	irds a title
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of a familiar with and accept the obing filed merely to reflect a change in the pen notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and c ligation of my position as registe he registered office address, I he c.	complete performance cred agent. Or, if this reby confirm that the
(M	Ch	2/14/11	
/	half of an entity:	Date	
Amy J. Her	yped or Printed Name		

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