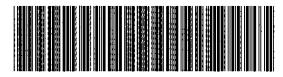
N 46000005376

| (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: |
| · · |
| • |
| |
| |
| • |

Office Use Only



100186391521

10/12/10--01017--020 **35.00

SECRETARY OF STATE CORPORATIONS

R-A. Chang C.COULLIETTE

OCT 1 3 2010

EXAMINER

COVER LETTER

| SUBJECT: Excelsior Alumni Association of | of Florida Inc | | | | |
|---|--|--|--|--|--|
| Name of Corporation | | | | | |
| DOCUMENT NUMBER: N9600005 | 5376 | | | | |
| The enclosed Statement of Change of Registered Office/Agent a | and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the fo | ollowing: | | | | |
| | | | | | |
| Althea Robinsor Name of Contact Pers | 1 | | | | |
| Name of Contact Pers | SOII | | | | |
| | | | | | |
| Firm/Company | | | | | |
| | | | | | |
| 1991 SW 94 Terrace Address | | | | | |
| | | | | | |
| Miramar, FI 33025 | | | | | |
| City/State and Zip Code | | | | | |
| xlcrflorida@aol.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| - | 054 044 0044 | | | | |
| Althea Robinson at (at (at (| 954 914-0811 rea Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Department of S | 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

TO:

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

| | Provisions of sections 607.0502, 617 ange is submitted for a corporation o | | | |
|--|--|--|--|--------------------------------|
| | er to change its registered office or re | · · | • | |
| 1. The name of | the corporation: Excelsior Alun | nni Association of Florid | a Inc | |
| 2. The principal | office address: 1991 SW 94 Ter | race, Miramar, FI 33025 | | |
| 3. The mailing a | address (if different): | · · · · · · · · · · · · · · · · · · · | | |
| 4. Date of incor | poration/qualification: | Document number: | N96000005 | 5376 |
| | d street address of the current register rtment of State: (If resigned, enter res | | le with the | |
| | Marion Mason | | | |
| | 9454 SW 146th Avenue | , | | |
| | Miami, Fl 33186 | | <u> </u> | SIVIE SIVIE |
| 6. The name and (if changed): | d street address of the new registered | agent (if changed) and /or registere | ed office | SECRETAR ISION OF C |
| | Althea Robinson | | | |
| | 1991 SW 94 Terrace | | - | STAT |
| | Miramar, FI 33025 | x NOT acceptable | | ₩ IOKS |
| The street address changed will | ess of its registered office and the st I be identical. | reet address of the business office | of its registered | agent, |
| Such change wauthorized by t | as authorized by resolution duly add he board, or the corporation has bee | opted by its board of directors or l n notified in writing of the chang | by an officer so e. | |
| | viluson ire of an officer or director | Althea Robinsor | e and title | |
| I hereby accept I further agree of my duties, ar document is be corporation ha | t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha | nt and agree to act in this capacity statutes relative to the proper an cobligation of my position as regi in the registered office address, I unge. | v. d complete perfoi istered agent. Or hereby confirm t | rmance ; if this hat the |
| act | dusan | 10/5/1 | 10 | |
| | gnature of Registered Agent chalf of an entity: | Date | | |
| | Althea Robinson | | | |
| | Cyped or Printed Name | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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