Florida Department of State

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Account Name

: INCORP SERVICES INC

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Phone

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REGISTERED AGENT CHANGE FLORIDA CHAPTER OF THE COLLEGE AND UNIVERSITY **PROFES**

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: FLORIDA CHAPTER OF THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES, INC. Name of Corporation
DOC	UMENT NUMBER: N9600006348
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Josle A Sorensen Name of Contact Person
	InCorp Services, Inc.
	Firm/Company
	3773 Howard Hughes Pkwy · Suite 500s Address
	Las Vegas, NV 89169-6014 City/State and Zip Code
	managedreports@incorp.com E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
<u>Josie</u>	Sorensen on behalf of Incorp Services, Inc.at (702) 866-2500 Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed 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

CR2E045 (03/12)

H1600248665 3

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida	
	r to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of	the corporation: Florida Chapter of the college and University Professional Absociation for Hu	IAN REBOURCES, INC
2. The principal	office address; CUPA-HR Imons Point Drive Knoxville, TN 37932	<u>-</u>
3. The mailing a	address (if different):	
4. Date of incom	poration/qualification: 12/13/1996 Document number: N96000006348	
	i street address of the current registered agent and registered office on file with the thrent of State: (If resigned, enter resigned)	
	LIEBLONG, LINDA	ے 1
	6200 University Center A · Fsu Human Resources	SAIR OCT
	Tallahassee, FL 32306-2410	1-6
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	A 68.76
	InCorp Services, Inc.	्र स्
	17888 67th Court North	(~
	PO. Box NOT acceptable Loxahatchee, FL 33470	
The street addre	ss of its registered office and the street address of the business office of its registered age be identical.	ent,
_	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the copporation has been notified in writing of the change.	
1 43ec	Beverly Pruitt, President	-
I hereby accept I further dyree to performatice of agent. Or, if this hereby/confirm i	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my dulies, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the forporation has been notified in writing of this change.	
bu	3 September 13, 2016	_
Sign on bei	\mathbb{N}	_
sie 4 Sore	SEV on behalf of Incorp Services, Inc.	

* * * 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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