

N97000004650

Institute For Family Empowerment
245 Brent Lane
Pensacola, Florida 32503

City/State/Zip

Phone #

Office Use Only

FILED
98 JUN -8 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

500002551115--0
-06/08/98--01072--007
*****35.00 *****35.00

VS JUN 15 1998

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RA Chg.

VS JUN 15 1998

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is INSTITUTE FOR FAMILY
EMPOWERMENT, INC.
2. The mailing address of the corporation is 245 BRENT LANE
PENSACOLA, FLORIDA 32503
3. Date of incorporation/qualification: 8-15-97 Document number: N97000004650
4. The name and address of the current registered agent and office:
AMERILAWYER CHARTERED
343 AIMERIA AVENUE
CORAL GABLES, FLORIDA 33134
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
NONIE LINDER
245 BRENT LANE
PENSACOLA, FLORIDA 32503

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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.

Ron Long
(Signature of an officer, chairman or vice chairman of the board)

June 4, 98
(Date)

RON LONG, PRESIDENT
(Printed or typed name and title)

JUNE 1, 1998
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Nonie Linder
(Signature of Registered Agent)

JUNE 1, 1998
(Date)

If signing on behalf of an entity:

NONIE LINDER
(Typed or Printed Name)

JUNE 1, 1998
(Capacity)