

Florida Department of State

Division of Corporations Public Access System

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(((H08000142612 3)))



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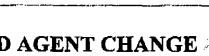
Fax Number

: (850)617-6380

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880 Fax Number

: (407)244-5690





HEART OF BROWARD FOUNDATION CORP.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS H08000142612 3

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: HEART OF BROWARD FOUNDATION CORP.	
2. The principal office address: 303 SOUTHEAST 17TH STREET, FORT LAUDERDALE, FL 33	3316
3. The mailing address (if different); C/O MARK T. KNIGHT, 303 SOUTHEAST 17TH STREE	<u> </u>
FORT LAUDERDALE, FL 33316	
4. Date of incorporation/qualification: 08/27/1998 Document number: N98000004981	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
LAURA SEIDMAN ESQ.	
303 SE 17TH ST.	
FORT LAUDERDALE, FL 33316	8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): TROY A. KISHBAUGH	PHOE
303 SE 17 ST.	
(P.O. Box NOT seceptable) FORT LAUDERDALE, FL 33316	9 49
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the comporation has been notified in writing of the change.	
Frank - Nork Seried	
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 perform of my duties, and I am familiar with and occupitate obligation of my position as registered agent. Or adjument is being filed merely to believe a change in the registered office address, I hereby confirm to apporation has igent notified informating by this shange. (Signature of Registered Agent) (Date)	rmance ; if this hat the

(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
CR2E045 (8/05)