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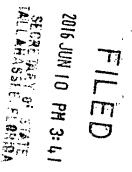
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Indian River Homeschoolers association
Name of Corporation
DOCUMENT NUMBER: N9900004963
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elaine Sond Name of Contact Person
Indian River Honeschalers association
423 21 St Rol SW
Ver Blach + 32962 City/State and Zip Code
POCS TOCKING AND GOD COM E-mail address: (to be used for future annual report notification)
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For further information concerning this matter, please call:
Slave Nord 772 1175 9415

Elawe Nord at 772, 475-9445
Name of Contact Person at 772 Area Code & Daytime Telephone Number

Enclosed 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

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

statement of change is submitted for a corporation organized under the laws of the State of Foricle.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Indian</u> River Homeschoolers Association
2. The principal office address: 1/4 Queen Catherina Ct.
Ft. Pierce, FL 34949
3. The mailing address (if different):
4. Date of incorporation/qualification: August 3, 1999 Document number: N990000 4963
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
<u>Claudina Pennell (resigned)</u>
114 Queen Catherina Ct.
Ff. Pierce, FL 34949
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Changed P.Q. Box NOT acceptable P.Q. Box NOT acceptable
VeroBch, 72 32962
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, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Printed or typed name and title
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. On, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent Printed of typed hande and the
If signing on behalf of an entity:
Typed or Printed Name

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

ECKS PAYABLE TO FLORIDA DEPARTMENT OF STA