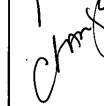
(Re	equestor's Name)						
(Ad	ldress)						
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(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Bu	siness Entity Nan	ne)					
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to	Filing Officer:						
		-					



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12/05/06--01031--019 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: Optimist International Youth Programs Foundation, Inc. (Name of Corporation)								
DOCUMENT NUMBER: N9500005677								
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:								
Brenda White (Name of Contact Person)								
National Corporate Services, Inc. (Firm/Company)								
2 Club Centre Court, Suite 5 (Address)								
Edwardsville, IL 62025 (City/State and Zip Code)								
For further information concerning this matter, please call:								
Brenda White at (866) 416-6274 (Name of Contact Person) (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

_	=		02, 607.1508, or 617.1508, nized under the laws of the i			
in orde	r to change its re	egistered office or regisi	tered agent, or both, in the S	State of Florida.		
1. The name of t	he corporation:_	Optimist Int	ernational Youth Progr	rams Founda	tion, Inc	.
2. The principal	office address:_	4494 Lindell Boulev	ard, St. Louis, MO 631	08		
				-	···	
3. The mailing a	ddress (if differe	ent):	 .	<u> </u>		
4. Date of incorp	ooration/qualifica	ation: 10/01/1995	Document number: _	N950000	05677	7
	l street address o tment of State:	f the current registered a	agent and registered office of	on file with the		
	The Prer	ntice-Hall Corpor	ation System, Inc.	 		
	1201 Ha	ys Street, Suite	105			
	Tallahas	see, FL 32301		_	_	
6. The name and (if changed):		•	ont (if changed) and /or regis	··· 五百	OS DEC -	
	NRAI Serv	rices, Inc.		SE	유 	<u> </u>
	2731 Exec	Cutive Park Drive (P.O. Box NOT acceptable	, Suite 4		PM 14	ineral R R B
	Weston,	FL 33331	2)	ORIO.	ATE 6	4
The street addre			t address of the business of	ffice of its regis	tered age	ent,
Such change was authorized by if	is authorized by board, or the	resolution duly adopte corporation has been n	ed by its board of directors otified in writing of the ch	or by an office ange.	r so	
(Signati	ire of an officer or dir	ector)	Benny Ellenha	e Eye	routive	Director
I further garee t	to comply with t	he provisions of all sta	nd agree to act in this cape tutes relative to the proper ligation of my position as he registered office addres z.	acity. r and complete	nerforma	nce
	mature of Registered	Agent)	4 lovember	$\frac{27,20}{6}$	06	_
If signing on be	half of an entity					
Brenda	Typed or Printed Nam	K Asst. Sec	wtary.			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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