

F080000004946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

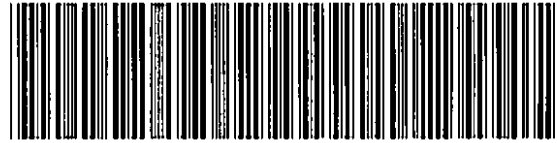
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA & RO change

09/09/22--01002--007 **140.00

2022 SEP -8 AM 10:16 2022 SEP -8 PM 5:06

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A. RAMSEY
SEP -9 2022

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

The NHP Foundation, Inc.

FOR OFFICE USE ONLY

PICK ONE:

CERTIFIED COPY PHOTOCOPY C.U.S.

FILING:

CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP
 FICTITIOUS NAME SERVICEMARK/TRADEMARK AMENDMENT
 FOREIGN QUALIFICATION JUDGMENT LIEN
 OTHER *RA Change*

RETRIEVAL:

GOOD STANDING CERT/C.U.S. CERTIFIED COPY PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 9/8/22 TIME _____

Notes: _____

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, this statement of change is submitted for a corporation organized under the laws of the State of D.C. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE NHP FOUNDATION, INC.
2. The principal office address: 122 East 42nd Street, Suite #4900, New York, NY 10168

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/18/2008 Document number: F08000004946

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)
COGENCY GLOBAL INC.
115 NORTH CALHOUN ST. SUITE 4
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Universal Registered Agents, Inc.
1317 California Street
Tallahassee, FL 32304
P.O. Box NOT acceptable

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2022 SEP - 8 AM 10:19

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.

1st Thomas Vaccaro Signature of an officer or director
Thomas Vaccaro, Secretary 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. Or, 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] Signature of Registered Agent
09/01/2022 Date

If signing on behalf of an entity:
Ashton Villegas, Secretary
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 (04/13)