

F14000000387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

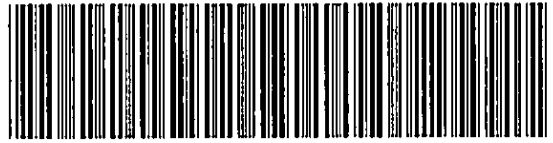
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FALLAS COUNTY  
2023 MAR 30 AM 11:10  
C. D.



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aunt Bertha, a Public Benefit Corporation  
Name of Corporation

**DOCUMENT NUMBER:** F14000000387

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:

AMEN ALAYYAN  
Name of Contact Person

HARBOR COMPLIANCE  
Firm/Company

1830 COLONIAL VILLAGE LANE  
Address

LANCASTER, PA 17601  
City/State and Zip Code

corporate@harborcompliance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMEN ALAYYAN at (717) 896-1188  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Aunt Bertha, a Public Benefit Corporation
- 2. The principal office address: 3616 FAR WEST BLVD.  
SUITE 117-454, AUSTIN, TX 78731
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/21/2014 Document number: F14000000387
- 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)

BLACKWOOD FINANCE & ACCOUNTING, INC.  
806 SOUTH PUBLIC ROAD, SUITE 200  
LAFAYETTE, FL 80026

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

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 TALLAHASSEE  
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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, or the corporation has been notified in writing of the change.

/s/ Erine Gray  
 Signature of an officer or director

Erine Gray, President  
 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.*

David Roberts  
 Signature of Registered Agent

03/27/2023  
 Date

If signing on behalf of an entity:

David Roberts  
 Typed or Printed Name

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