F15000001877

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Elini, Halle)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
· .					

Office Use Only



500309644775

SECRETARY OF STATE

RECEIVED
2010 FEB 26 M 1: 51

FFR 2 7 2018 T. LEMIEUX MO

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbaggee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:		8023555	
	AUTHORIZATION	:	Sypulle	lenan	
	COST LIMIT	:	\$ 35.00		
ORDER DATE :	February 26, 201	18	- -		
ORDER TIME :	-				
ORDER NO. :					
CUSTOMER NO:					
CHANGE OF AGENT					
NAME: BILL, HILLARY & CHELSEA CLINTON FOUNDATION					
	THE FOLLOWING AS	s PF	ROOF OF FI	LING:	
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON	: Roxanne Turne	er			

EXAMINER'S INITIALS:

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

•	='	502, 607.1508, or 617.1508, Florida Si anized under the laws of the State of <u>A</u>	
• •		stered agent, or both, in the State of Fl	
1. The name of the corp	ooration: BILL, HILLARY & CHE	ELSEA CLINTON FOUNDATION, INC	
2. The principal office	address: 1200 PRESIDENT CLI	NTON AVENUE, LITTLE ROCK, AR	72201
3. The mailing address	(if different):		
4. Date of incorporation	n/qualification: 04/28/2015	Document number: F1500000)1877
	address of the current registered of State: (If resigned, enter resign	l agent and registered office on file with ned)	h the
NRAI	SERVICES, INC.		
1200 \$	SOUTH PINE ISLAND ROAD		
PLAN	TATION	FL 33324	
(if changed):	address of the new registered ag	gent (if changed) and /or registered office	ce
1201	lays Street	A A A	
		OT acceptable	o in
Tallah ———	assee	FL 32301	>
The street address of it as changed will be iden	s registered office and the stree ttical.	et address of the business office	registered agent,
Such change was authorized by the board	- lessel	ed by its board of directors or by an of of officed in writing of the change. AND REW M. Kes Printed or typed name and title	sel, (FU
I hereby accept the app I further agree to comp performance of my dult	ointment as registered agent a ly with the provisions of all sta es, and I am familiar with and nent is being filed merely to re corporation has been notified	nd agree to act in this capacity. Itules relative to the proper and comp. accept the obligation of my position of flect a change in the registered office in writing of this change. Date	lete as registered address, I Roxanne Turner Asst. Vice President
If signing on behalf of			

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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