

F19 00003543

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000221459 3)))



H220002214593ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
THE ST. BERNARD PROJECT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

2022 JUN 28 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 28 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. HORNE  
JUN 29 2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE ST. BERNARD PROJECT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F19000003543

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:

JEROME  
Name of Contact Person

Firm/Company  
784 S. CLEARWATER LOOP

Address  
POST FALLS, ID 83854

City/State and Zip Code

filings@northwestregisteredagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME at ( 509 ) 768-2249  
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 LA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: THE ST. BERNARD PROJECT, INC.
- 2. The principal office address: 92 S. BARRETT SQUARE, UNIT 2H  
ROSEMARY BEACH, FL 32461
- 3. The mailing address (if different): 2645 TOULOUSE STREET, NEW ORLEANS, LA 70119
- 4. Date of incorporation/qualification: 07/30/2019 Document number: F19000003543
- 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)

CONLON, ANYA  
92 S. BARRETT SQUARE, UNIT:2H  
ROSEMARY BEACH, FL 32461

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

NORTHEWEST REGISTERED AGENT, LLC  
7901 4TH ST. N STE 300  
P.O. Box NOT acceptable  
ST. PETERSBURG, FL 33702

FILED  
 2022 JUN 28 PM 12:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

Zachary Rosenberg  
 Signature of an officer or director

Zachary Rosenberg / 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. 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.*

Tom Glover  
 Signature of Registered Agent

06/27/2022  
 Date

If signing on behalf of an entity:

Tom Glover/Manager/Northwest Registered Agent LJ  
 Typed or Printed Name

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