796000003600

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

Office Use Only



200314361142

C. GOLDEN JUN 19 2018

FILED





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 6/18/18 Date:__ **KEN HOWELL** Name:_ C022731 Reference #:____ Entity Name: THE AMERICAN OPPORTUNITY FOUNDATION, INC. Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 Merger Dissolution/Withdrawal ☐ Fictitous Name Other _____

Authorized Amount: \$35.00
Signature:

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

1. The name of the corporation: THE AMERICA	N OPI	PORTUNITY F	OUNDA	TION, I
2. The principal office address:		ATLANTA	GA	3032
3. The mailing address (if different):		ATLANTA	GA	3032
4. Date of incorporation/qualification: July 17, 19	9 96 D	ocument number:	F96000	003600
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resign	agent and	i registered office on	file with the	
SHARKEY,	JEFF	REY		₹ ≥
TALLAHASSEE	, FL	32301		SECR SALLA
106 E COLLEGE	AVE	STE 640		JUN 18 CRETARY AHASSI
6. The name and street address of the new registered age (if changed):	ent (if ch	anged) and /or registe	red office	T) P) ≥
COGENCY GLOBAL I	NC.			STATE
115 North Calhoun St.				
Tallahassee, FL 3230				
The street address of its registered office and the street as changed will be identical.				
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	d by its to otified in	poard of directors or writing of the chang	by an officer ge.	so
27Walter		Kathryn T. Walker, Vice President		
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all states performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to ref hereby confirm that the corporation has been notified	tutes ret	alive to the proper at	ty. nd complete	istered ess, I
Senton		June 15, 2	018	
Signature of Registered Agent		Date		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)