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## Via First Class Mail

April 16, 2012

Division of Corporations Amendment Section Florida Department of State P. O. Box 6327 Tallahassee FL 32314

**RE: WILLIAM J. CLINTON FOUNDATION** 

Dear Sir/Madam:

Enclosed for filing, please find one (1) Statements of Change of Registered Agent for the purpose of changing the registered agent to National Registered Agents, Inc. A check in the amount of \$35.00 is enclosed to cover the cost of filing.

Please process upon receipt and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions please do not hesitate to contact me. Thank you.

Very truly yours,

NRAI CORPORATE SERVICES, INC. (f/k/a Charles Baclet and Associates, Inc.)

**зорпу Кео** 

**Enclosures** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

|                                 | •   |   |
|---------------------------------|---|---|
| empreor. M                      | Villiam J. Clinton Foun                           | dation Corporation  |
| SUBJECT: V                      | Name of C   | orporation  |
|                                 |   |   |
| DOCUMENT NUMBE                  | R: N09  | 000005345   |
| The enclosed Statement          | of Change of Registered Offic                     | e/Agent and fee are submitted for filing.                 |
| Please return all correspondent | ondence concerning this matter                    | to the following:   |
|                                 |   |   |
|                                 | Jose Cas  | stellanos   |
|                                 | Name of Cor                                       | ntact Person  |
|                                 |   |   |
|                                 | NRAI Corporate                                    |   |
|                                 | Firm/Co   | ompany  |
|                                 |   |   |
| ·                               | 2875 Michelle D                                   |   |
|                                 |   |   |
|                                 | Irvine, C   | V 02606   |
| <del></del>                     | City/State ar                                     | d Zip Code  |
|                                 |   | Control of  |
| E-ma                            | mmcvey@clinton<br>ail address: (to be used for fi | itoundation.org uture annual report notification)         |
|                                 |   | ·   |
| Eas forthar information a       |   | .11.  |
| ror turiner information c       | oncerning this matter, please of                  | an:   |
|                                 | Castellanos                                       | at (800) 562-6439<br>Area Code & Daytime Telephone Number |
| Name of                         | Contact Person                                    | Area Code & Daytime Telephone Number                      |
| Enclosed is a \$35.00 che       | ck made payable to the Depart                     | ment of State   |
|                                 | on made payable to the Bepart                     | inone of state.   |
| ,                               | Mailing Address                                   | Stroot Address.   |
|                                 | Mailing Address:<br>Amendment Section             | Street Address: Amendment Section                         |
|                                 | Division of Corporations                          | Division of Corporations                                  |
|                                 | P.O. Box 6327                                     | Clifton Building  |
| •                               | Tallahassee, FL 32314                             | 2661 Executive Center Circle                              |

Tallahassee, FL 32301

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

| statement of cha                | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.  |
|---------------------------------|--|
| 1. The name of                  | the corporation: William J. Clinton Foundation Corporation   |
| 2. The principal                | office address: 610 President Clinton Avenue, Little Rock, AR 72201  |
| 3. The mailing a                | address (if different):  |
| 4. Date of incor                | poration/qualification: 06/01/2009 Document number: N0900005345  |
|                                 | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)   |
|                                 | National Registered Agents, inc.   |
|                                 | 515 East Park Avenue   |
|                                 | Tallahassee, FL 32301  |
| 6. The name and (if changed):   | Tallahassee, FL 32301  d street address of the new registered agent (if changed) and /or registered office   |
|                                 | NRAI Services, Inc.  |
|                                 | 515 East Park Avenue   |
|                                 | P.O. Box NOT acceptable Tallahassee, FL 32301  |
|                                 | Circum Control |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change was                 | as authorized by resolution duly adopted by its board of directors or by an officer so<br>he board, of the corporation has been notified in writing of the change.   |
| Mary                            | re of an officer or director ANAREW M. KESSEL OFO  |
| •                               | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.  |
| by <sup>.</sup>                 | mature of Registered Agent Date  |
| If signing on be                | shalf of an entity:  |
| Jose Castel                     | llanos, Assistant Secretary  |
|                                 | ypod or Printed Name   |

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