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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(D	siness Entity Nar	>
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

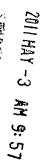
Office Use Only

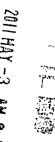


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COVER LETTER

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000923
ent and fee are submitted for filing.
he following:
 Person
ndation, Inc.
ad, Suite 625
33157
L 33157 p Code
ndation.org
annual report notification)
(305)251.0001
(305) 251.0001 Area Code & Daytime Telephone Number
of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 Floridain order to change its registered office or registered agent, or both, in the State of Florida	
1. The name of the corporation: The Everglades Foundation, Inc.	_
2. The principal office address: 18001 Old Cutter Road, Suite 825	_
Palmetto Bay, FL 33157	_
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2/23/1994 Document number: N94000000923	
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)	
Kirk J. Fordham	
18001 Old Cutler Road, Suite 625	
Palmetto Bay, FL 33157	į
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	11.1
Anna Upton, Esq.	S
215 So. Monroe Street, Suite 702	•
P.O. Box NOT acceptable	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identifial.	
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.	
Jon L. Mills, Secretary Tributed of Types many and table	
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 marely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
anaft /m 4/28/2011	
Signation of Registered Agent If signing on behalf of an entity:	
er menned att nammt at sitt atterit.	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (2005)