

N94000000923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

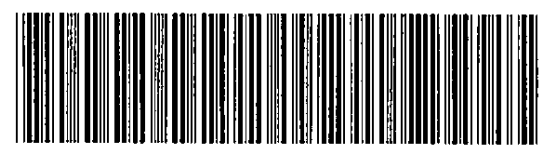
(Business Entity Name)

(Document Number)

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S. TALLENT

JUL 11 2017

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STATE DEPT OF TREASURY
ATTORNEY GENERAL

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COVER LETTER

TO: Amendment Section
Division of Corporations

The Everglades Foundation, Inc.

SUBJECT: _____
Name of Corporation

N94000000923

DOCUMENT NUMBER: _____

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:

Eric Eikenberg

Name of Contact Person

The Everglades Foundation, Inc.

Firm/Company

18001 Old Cutler Road, Suite 625

Address

Palmetto Bay, FL 33157

City/State and Zip Code

accounting@evergladesfoundation.org

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

For further information concerning this matter, please call:

Shannon Trivino

305 251-0001

Name of Contact Person at ()
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
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 Florida in 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 Cutler Road, Suite 625, Palmetto Bay, FL 33157

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/23/1994 Document number: N94000000923

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)

Anna Upton, Esq.
9005 Eagles Ridge Drive, Tallahassee, FL 32312

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Anna Upton, Esq.
960 Live Oak Plantation Road, Tallahassee, FL 32312
P.O. Box NOT acceptable

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.

Signature of an officer or director: Eric Eikenberg, Chief Executive Officer

I hereby accept the appointment as registered agent and agree to act in this capacity 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.

Signature of Registered Agent: Date: 6/21/17

If signing on behalf of an entity:
Typed or Printed Name

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