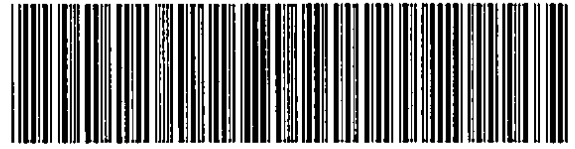


N47000000697



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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# BREIER and SEIF, PLLC

18851 NE 29<sup>th</sup> AVENUE, SUITE 405  
AVENTURA, FLORIDA 33180  
PHONE 305-935-0507 • FAX 305-935-0608

ROBERT G. BREIER  
EVAN D. SEIF

June 29, 2020

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Registered Agent – Change of Address

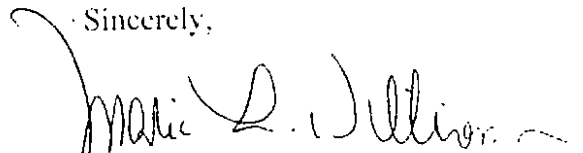
Dear Sir or Madam:

Enclosed are various entities that require a change of address for the registered agent.

Also enclosed is our payment. Please process this request at your convenience.

If you have any questions, please feel free to call me at (305) 935-0507.

Sincerely,



MARIA L. WILLIAMSON  
Legal Assistant

/mlw

Enclosures

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Paul & Karen Chaplin Family Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N97000000697

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:

Robert G. Breier  
Name of Contact Person

Breier and Seif, PLLC  
Firm/Company

18851 N.E. 29th Avenue, Suite 405  
Address

Aventura, FL 33180  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria L. Williamson at ( 305 ) 935-0507  
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  
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: Paul & Karen Chaplin Family Foundation, Inc.  
2. The principal office address: 2800 Ponce De Leon Blvd., Suite 1125  
Coral Gables, FL 33134  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 02/06/1997 Document number: N97000000697

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)

Breier, Robert G  
2800 Ponce De Leon Blvd., Suite 1125  
Coral Gables, FL 33134

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

Robert G. Breier  
18851 NE 29th Avenue, Suite 405  
P.O. Box NOT acceptable  
Aventura, FL 33180

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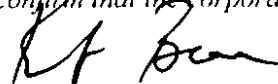
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

\_\_\_\_\_  
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.*

  
Signature of Registered Agent

6/14/20  
Date

If signing on behalf of an entity:

Robert G. Breier  
Typed or Printed Name

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