

N94000000923

(Requestor's Name)

(Address)

(Address)

(City/L Phone #)

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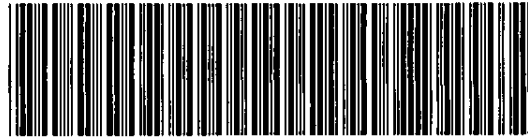
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Everglades Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N94000000923

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:

Nancy Hill  
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

nhill@evergladesfoundation.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Hill at ( 305 ) 251-0001  
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



January 25, 2012

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

Re: The Everglades Foundation, Inc.  
Document No. N94000000923

Dear Sir/Madam:

Enclosed please find amendment forms for the Statement of Change of Registered Agent or Both for Corporations for the above-referenced corporation, together with our check #5072 in the amount of \$35.00 for the filing fee.

Please process accordingly. If you have any questions or need any additional information, please don't hesitate to contact me.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Nancy Hill". The signature is written in a cursive, flowing style.

Nancy Hill  
Executive Assistant

**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: 181001 Old Cutler Road, Suite 625  
Miami, FL 33157
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/23/1994 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.  
215 So. Monroe Street, Suite 702  
Tallahassee, FL 32301

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

Anna Upton, Esq.  
625 North Adams Street  
Tallahassee, FL 32301

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]  
Signature of an officer or director

Jon Mills, Secretary  
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]  
Signature of Registered Agent

01/20/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2B045 (8/05)

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