

Division of Corporations

Page 1 of 2

H18000005033 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CARLTON FIELDS
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Phone : (813) 223-7000
Fax Number : (813) 229-4133

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: no change

**REGISTERED AGENT CHANGE
THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.**

Certificate of Status	0
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Corporate Filing Menu

Help

H18000005033 3

JAN 05 2018

T. LEMIEUX

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1/4/2018

2018 JAN-4 PM 11:02

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18 JAN-4 PM 2:39

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Handwritten signature

H18000005033 3

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 TAMPA GENERAL HOSPITAL FOUNDATION, INC.
2. The principal office address: 1 TAMPA GENERAL CIRCLE
RM. H-149, TAMPA, FL 33606
3. The mailing address (if different): P.O BOX 1289
RM H-149, TAMPA, FL 33601
4. Date of incorporation/qualification: 03/18/1974 Document number: 729093
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)
DE LA VERGNE, ROBIN WMS
1 TAMPA GENERAL CIRCLE, H-149
TAMPA, FL 33606
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CF REGISTERED AGENT, INC.
100 S. ASHLEY DR., SUITE 400
P.O. Box NOT acceptable
TAMPA, FL 33602

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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.

Robin W DeLaVergne
Signature of an officer or director

Robin W- DeLaVergne
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.

Linda L Fleming
Signature of Registered Agent

1/4/18
Date

If signing on behalf of an entity:

Linda L. Fleming - Shareholder

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
CR2F045 (03/12)

H18000005033 3