10/19/2020 Division of Corporations

F19000005678

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000363261 3)))

H20000363261 3ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
OCT 19 2020

From:
Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: NWalden@urscompliance.com

REGISTERED AGENT CHANGE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
Name of Corporation

DOCUMENT NUMBER: F19000005678

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:

LARESA YOUNG
Name of Contact Person

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
Firm/Company

262 DANNY THOMAS PL STOP 280
Address

MEMPHIS, TN 38105
City/State and Zip Code

NWalden@urscompliance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at (800) 367-4397
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

(((H20000363261 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 617.1308, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of TENNESSEE *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: St. Jude Children's Research Hospital

2. The principal office address: 262 Danny Thomas PL Memphis,TN 38105

3. The mailing address (if different):

4. Date of incorporation/qualification: TN Document number: F18000005678

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

URS AGENTS INC.

3458 LAKESHORE DR

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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 — James R. Downing, M.D. / President and CEO
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 — 10/20/2020 Date

If signing on behalf of an entity:

Kenetha Bishop, Asst. Secretary
Typed or Printed Name

* * * FILING FEE: $35.60 * * *

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

CR2E043 (04/13)