705478

(Re	questor's Name)	<u> </u>	
(Ad	dress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone #	n	
	☐ WAIT		
(Bu	usiness Entity Name	:)	
(Document Number)			
Certified Copies	_ Certificates c	of Status	
Special Instructions to	Filing Officer:		

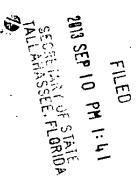
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P/2/13

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SCHF Not-for-Profit Wind-Down, Inc.

Name of Corporation

DOCUMENT NUMBER: 705478

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:

Donna Larson

Name of Contact Person

Space Coast Health Foundation, Inc.

Firm/Company

6905 N. Wickham Road #301

Address

Melbourne, FL 32940

City/State and Zip Code

donna.larson@schfbrevard.org

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

For further information concerning this matter, please call:

Donna Larson

.,321

637-2827

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

statement of cha	ange is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statud nized under the laws of the State of tered agent, or both, in the State of Floric	
1. The name of t	the corporation: SCHF Not-For-Pr	ofit Wind-Down, Inc.	
		Road #301, Melbourne, FL 3	32940
3. The mailing a	address (if different): Same		
4. Date of incorp	poration/qualification:	Document number: 705478	
5. The name and		agent and registered office on file with th	e
	Johnette Gindling		2
	1116 Geiger Street	P	35 E
	Rockledge, FL 32955		410 FILE
6. The name and (if changed):	d street address of the new registered age	ant (if changed) and /or registered office	FILED PM 1:41
	Johnette Gindling		
	6905 N. Wickham Road #30		
	P.O. Box NOT Melbourne, FL 32940	Γ acceptable	
_	ess of its registered office and the street be identical.	address of the business office of its reg d by its board of directors or by an officetified in writing of the change.	
audiorized by ti	ie board, of the corporation has been no	Fran Pickett	
Signatu	ire of an officer or director	Printed or typed name and title	
I further agree performance of	mv duties, and I am familiar with and a	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as r lect a change in the registered office add in writing of this change.	egistered
Thrette	Hindling mature of Registered Agent	Johnette Gindling	
France	chalf of an entity:		

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