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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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JUL 14 2016

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: (850)205-8842

C. VVHITE

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REGISTERED AGENT CHANGE THE NEMOURS FOUNDATION

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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | ange is submitted for a corporation orga | 502, 607.1508, or 617.1508, Florida Statutes, this united under the laws of the State of Florida stered agent, or both, in the State of Florida. | |
|------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | | | |
| 1. The name of | the corporation: The Nemours Fo | Porkway North | |
| | office address: 10140 Centurion inistration, 3rd Floor - West, | | |
| 3, The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 04/23/1974 | Document number: 729461 | |
| | i street address of the current registered timent of State: (If resigned, enter resign | agent and registered office on file with the ned) | |
| | Steven R. Sparks | | |
| | 10140 Centurion Parkway N | orth | |
| | Jacksonville, FL 32256 | | |
| 6. The name and (if changed): | I street address of the new registered age | ent (if changed) and /or registered office | 16 JUL |
| | Deborah S. Platz | | <u>–</u> |
| | 10140 Centurion Parkway N | orth Here | ယ |
| | Jacksonville, FL 32256 | none . | AH 9: |
| The street addre | ess of its registered office and the street be identical. | address of the business office of its registered agent, | 연 |
| Such change wa authorized by th | is authorized by resolution duly adopted to board, or the corporation has been no | d by its board of directors or by an officer so tified in writing of the change. | |
| James | Tailly | David Bailey, MD, MBA/Pres & CEO | |
| 7 / | | nd agree to act in this capacity. The second complete accept the obligation of my position as registered lect a change in the registered office address. I in writing of this change. | |
| Depara | A PLAN Agent | July 12, 2016 | |
| If signing on bel | nalf of an entity: | | |
| Deborah S. | Platz | | |
| Ту | ped or Printed Name | | |
| | * * * FILING FE | CE: \$35.00 * * * | |

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