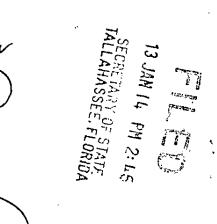
(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:		
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Office Use Only



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 493294

AUTHORIZATION :

4324124

COST LIMIT : \$ 35

ORDER DATE : January 11, 2013

ORDER TIME : 11:30 AM

ORDER NO. : 493294-010

CUSTOMER NO: 4324124

CHANGE OF AGENT

NAME: MARCH OF DIMES FOUNDATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida State reganized under the laws of the State of New	w York
		egistered agent, or both, in the State of Flori SES FOUNDATION INCORPORATE	
2. The principal 10605	office address: 1275 Mamaronec	ck Avenue, Legal Department, White	a Plains, NY
3. The mailing a	ddress (if different):		-
4. Date of incorp	poration/qualification: 04/03/1940	Document number: 805189	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)	he
	NRAI Services, Inc.		
	515 E. Park Avenue		
	Tallahassee, FL 32301		7,
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	景道 臺
	Corporation Service Compan	ny	SSE I
	1201 Hays Street		PR PR
	P.O. Box Tallahassee, FL 32301	NOT acceptable	TATE ORIDA
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its re-	gistered agent,
Such change was authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officen notified in writing of the change.	cer so
Signath	re of an officer or director	Deb Reeves, Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agen to comply with the provisions of all I my drives and Lam familiar with a	nt and agree to act in this capacity. statutes relative to the proper and complet and accept the obligation of my position as preflect a change in the registered office ac	te registered ddress, I
By:		January 11, 2013	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	by, Assistant VP		
7	Typed or Printed Name		

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