## Prorida Department of State Division of Corporations Exectronic Filing Cover Sheat

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To:			
	Division of Corporations		_
	Fax Number : (850)617-6380	-	· · · · · · · · · · · · · · · · · · ·
From	:	-	
	Account Name : REGISTERED AGENT	S INC.	
	Account Number : I20090000081		r
	Phone : (307)200-2803 Fax Number : (855)330-1010		-
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Electronic Filing Menu

Corporate Filing Menu

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FEB 2 3 2023

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: SOUTHERN BAPTIST FOUNDATION INCORPORATED Name of Corporation
DOCUMENT NUMBER: 837910
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:
JEROME Name of Contact Person
Firm/Company
784 S. CLEARWATER LOOP
Address
POST FALLS, ID 83854
City/State and Zip Code
filings@northwestregisteredagent.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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

Name of Contact Person

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

at ( 509 ) 768-2249 Area Code & Daytime Telephone Number

CR2E045 (04/13)

JEROME

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

statement of chang	ge is submitted ,	for a corporation o	7.0502, 607.1508, or 6 rganized under the la egistered agent, or bot	ws of the State of <u>T</u>		his ———		
1. The name of the	e cornoration:	SOUTHERN BAPTIST FOUNDATION INCORPORATED 901 COMMERCE STREET, STE 600						
2. The principal of								
		NASHVILLE, TN 37203-3697						
3. The mailing add	dress (if differer	nt):						
4. Date of incorpo	ration/qualifica	tion:02/23/1977	Document	number: 837910		··· <u>·····</u>		
5. The name and s	trect address of		red agent and register					
_	FORMAN, MI	CHAEL L.						
	2033 MAIN S	FREET, SUITE 600				<b>.</b>		
_	SARASOTA, I	FL 34237			٠,	2023 FEB		
6. The name and s (if changed):	street address of	the new registered	agent (if changed) an	d/or registered offic	c ·	22		
-	NORTHEW	EST REGISTERED	AGENT, LLC		. ٠. بن	Pří 12:		
	7901 4TH ST	, N STE 300			! !	5: 56		
	an brings		D. Box NOT acceptable					
_		BURG, FL 33702						
The street address as changed will be	s of its registere e identical.	ed office and the st	reet address of the bi	isiness office of its i	register	ed agent.		
Such change was authorized by the	authorized by a board, or the c	resolution duly ado orporation has bee	opted by its board of a notified in writing	directors or by an of of the change.	Ticer so	)		
6/20	rome Proced			Peek / President				
I hereby accept th I further agree to of my duties, and document is being	-comply with th Lam familiar v z filed merely to	as vanistared and	it and agree to act in statutes relative to the obligation of my pos in the registered offic	ted or typed name and title this capacity, the proper and compli- tition as registered to the address, I hereby	lete per igent, ( confirm	formance Or, if this withat the		
Suparture of Registered Agent Date				/21/2023				
If signing on beha		gent	<u> </u>	Date				
Tayler Newm	an / Assistar	nt Manager						

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