

F00000 000 783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

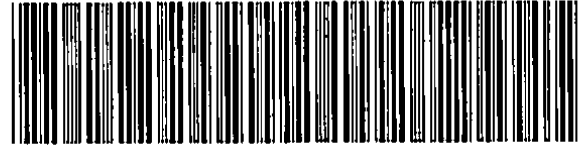
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gift of Life Marrow Registry, Inc.
Name of Corporation

DOCUMENT NUMBER: F000000006783

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:

Amy Ferguson
Name of Contact Person

Gift of Life Marrow Registry
Firm/Company

5901 Broken Sound Pkwy NW 600
Address

Boca Raton, FL 33487
City/State and Zip Code

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

For further information concerning this matter, please call:

Amy Ferguson at (561) 9822915
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gift of Life Marrow Registry, Inc
2. The principal office address: 5901 Broken Sound Pkwy NW 600
Boca Raton, FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/11/2000 Document number: F00000000783
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)

Jay Feinberg
800 NW 51st Street 101
Boca Raton, FL 33413

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

Jay Feinberg
5901 Broken Sound Pkwy NW 600
Boca Raton, FL 33487

P.O. Box NOT acceptable

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]
Signature of an officer or director

Jay Feinberg
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]
Signature of Registered Agent

7/29/19
Date

If signing on behalf of an entity:

Jay Feinberg
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)