**Electronic Filing Cover Sheet** 

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(((H23000348546 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

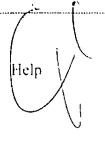
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil	Address:			
	MUULESS.			

## REGISTERED AGENT CHANGE THE WILBUR MARVIN FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: THE WILBUR MARVIN	N FOUNDATION, INC.
Name of Corporation	
DOCUMENT NUMBER: F010000	2279
The enclosed Statement of Change of Registered Of	Figure and fan are submitted for filing
•	•
Please return all correspondence concerning this mat	tter to the following:
Alicia Richards	
Name of Contact Person	202
Registered Agent Solutions, Inc.	3.0 A
Firm/Company	23 OCT - LAHASSEE
• •	<u> </u>
Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address	
Austin, Texas 78735	m m m
City/State and Zip Code	
Chy/State and Zip Code	023 OCT -4 AM 9: 39
E-mail address: (to be used for future annual rep	
E-man address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
Alicia Richards	
	at ( 888 ) 705-7274  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	artmant of Ctata
Enclosed is a \$55.00 eneck made payable to the Dep	attinent of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
CHIEROSON C LO CANT C	Tallahassee, FL 32303

CR2E045 (04/13)

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpora r to change its registered office	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Louisiana e or registered agent, or both, in the State of Florida.	
2. The principal	he corporation: THE WIL office address: 450 Main Louge, LA 70801	BUR MARVIN FOUNDATION, INC.  Street	
•	ddress (if different):	/0004 F0100002270	
t. Date of incorp	poration/qualification: 4/30/	/2001 Document number: F01000002279	
	I street address of the current re tment of State: (If resigned, en NRAI SERVICI 1200 SOUTH PINE ISLA	ES, INC	
	PLANTATION	FL 33324	
5. The name and (if changed):	Registered Ager	stered agent (if changed) and /or registered office to the stered agent (if changed) are stered agent (if changed) a	
	2894 Remington G	Green Ln. Ste. A SS ₹ ₹ 1	
	Tallahassee	FL 32308	لميد
The street addre	ess of its registered office and be identical.	the street address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution du se board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	
	IS, ANDREW T	MCMAINS, ANDREW T Assistant Secretary	,
further agree t If my duties, an locument is bei	the appointment as registered o comply with the provisions d I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	I agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address. I hereby confirm that the is change.	
Mo	uzi dil	10/04/2023	
Šigi	nature of Registered Agent	Date	
f signing on be	half of an entity:		
Mackenzie Hible	r, Assistant Secretary		
ty	sped or Printed Name *** F[	LING FEE: \$35.00 * * *	

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