## F01000006366

uestor's Name)			
lress)			
lress)			
/State/Zip/Phon	e #)		
☐ WAIT	MAIL		
iness Entity Na	me) .,		
(Document Number)			
Certificate	s of Status <u>y (1999)</u>		
Filing Officer:			
·			
	ress)  /State/Zip/Phon  WAIT  iness Entity Na		

Office Use Only



900160351739



09/14/09--01051--002 \*\*105.00



ASP 16/09

## US CorpWorks Inc. An affiliate of National Registered Agents, Inc. 1638 Pennsylvania Street Denver, CO 80203 888-967-5799

Fax: 303-393-8900

September 8, 2009

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: National Foundation, Inc.
Waterstone Support Foundation, Inc.
Christian Community Foundation, Inc.

Enclosed is the following for filing in your office:

Statement of Change of Registered Agent—Foreign Corp. Check for \$105.00

Please return evidence of the change of agent to the address above. If, for any reason, the filing cannot be made, please call the toll-free number listed above or contact me by email.

Regards.

Teri Stapleton Service Representative tstapleton@uscorpworks.com

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: WATERSTONE SUPPORT FOUNDA (Name of Corporation)	on)
DOCUMENT NUMBER: F01000006366	
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
TERI STAPLETON	
(Name of Contact Per	son)
US CORPWORKS INC.	
(Firm/Company)	
1638 PENNSYLVANIA ST. (Address)	
(Address)	
DENVER, CO 80203	
(City/State and Zip Co	ode)
For further information concerning this matter, please call:	
TERI STAPLETON at (_8	88 ) 967-5799 Area Code & Daytime Telephone Number)
(Name of Contact Person) (A	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	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statenge is submitted for a corporation organized under the laws of the State of $\underline{\text{col}}$ are to change its registered office or registered agent, or both, in the State of Flor	ORADO		_
1. The name of t	the corporation: WATERSTONE SUPPORT FOUNDATION,	INC.	<u> </u>	
2. The principal	office address: 2925 PROFESSIONAL PLACE 201, COLORADO SPRINGS, C	O 8090	04	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 02/28/1996 Document number: F010000	0636	6	
5. The name and	d street address of the current registered agent and registered office on file with triment of State:			
	THE PRENTICE-HALL CORPORATION SYSTEM, INC.		-	-, -
	1201 HAYS STREET TALLAHASSEE FL 32301 US	SECR	2009 <b>S</b> E	-11
		HAS HAS	P =	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SE.F.	PA	m
	NRAI Services, Inc.	SEE SEE	<u>+:</u>	
	2731 Executive Park Drive, Suite 4	Tn-	+	ā
	(P.O. Box NOT acceptable)			
	Weston, FL 33331			
The street addre	ess of its registered office and the street address of the business office of its r l be identical.	egiste	red age	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an of he board, or the corporation has been notified in writing of the change.	ficer s	0	
<u> </u>	Valerie Cornelius, Treasurer  (Printed or typed name and title	<del>)</del>		_
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered of ing filed merely to reflect a change in the registered office address, I hereby a been notified in writing of this change.	'ete per igent. confiri	rforma Or, if m that	nce this the
V. (	enarture of Registered Agent) (Date)			_
If signing on be	ehalf of an entity:			
	Typed or Printed Name)			

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