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Division of Corporations

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: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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## REGISTERED AGENT CHANGE

## THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEME

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

784 S. CLEARWATER LOOP Address POST FALLS, ID 83854	SUBJECT: THE AYN RAND INSTITUTE, THE CENT	TER FOR THE ADVANCEMENT OF OBJECTIVISM, INC.
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:  JEROME  Name of Contact Person  at (509) 768-2249  Area Code & Daytime Telephone Number	DOCUMENT NUMBER: F01000006558	
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:  JEROME  Name of Contact Person  at (509 ) 768-2249  Area Code & Daytime Telephone Number		ice/Agent and fee are submitted for filing.
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    JEROME	filings@northwestregisteredagen	at,com
JEROME at ( 509 ) 768-2249  Name of Contact Person Area Code & Daytime Telephone Number		
	For further information concerning this matter, please	e call:
	JEROME	21 ( 509 ) 768-2249
Enclosed is a \$35.00 check made payable to the Department of State.	Name of Contact Person	Area Code & Daytime Telephone Number
	Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section Division of Corporations  B. O. Day (227)  Mailing Address: Amendment Section Division of Corporations  Division of Corporations	Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/E3)

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

statement of change is submit	ted for a corporation organiz	, 607,1508, or 617,1508, Florida S ted under the laws of the State of _ ted agent, or both, in the State of F	PA
	0 2 0	TE. THE CENTER FOR THE ADV	
	C Huston Contro Drive		
2. The principal office addres	S:Santa Ana, CA 92707		
3. The mailing address (if diff	ferent):		
		Document number:F010000	
5. The name and street addres		ent and registered office on file wit	
CORPORA	ATION SERVICE COMPANY	•	
1201 HAY	'S STREET		
TALLAHA	ASSEE, FL 32301		
6. The name and street addres (if changed):	ss of the new registered agent	(if changed) and /or registered off	ice
NORTH	EWEST REGISTERED AGEN	VT, LLC	
7901 4ТЕ	H ST. N STE 300		
<del></del>	P.O. Box	NOT acceptable	<b>2</b> 2
ST. PETE	ERSBURG, FL 33702		022. SECTALL
The street address of its regias changed will be identical.	stered office and the street a	ddress of the business office of its	s registered agen 28
		by its board of directors or by an offied in writing of the change.	
Signature of an officer or	<b>*</b>	Tal Tsfany / President, Direc	10 0.1.0 5.1.5 interest in the contract of the
		Printed or typed name and titl	~
I hereby accept the appointn I further agree to comply with of my duties, and I am famility document is being filed mere corporation has been notifie	nent as registered agent and the provisions of all statutions of all statutions with and accept the obligible to reflect a change in the din writing of this change.	agree to act in this capacity, es relative to the proper and com ation of my position as registered registered office address, I hereb	plete performance l agent. Or, if this y confirm that the
Ton (TIME		06/27/2022	
Signature of Register	red Agent	Date	
If signing on behalf of an en	tity:		
Tom Glover/Manager/Northwe	st Registered Agent LI		
Typed or Printed N	ame		

\* \* \* 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 (04/13)

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