HUKKO 239

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only

11/0015



400162171314

11/09/09--01025--015 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	·			
SUBJECT: THE MOSAIC FOUNDA (Name of Corporation)	ATION on)			
DOCUMENT NUMBER: F02000000239				
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:				
Myra Homer (Name of Contact Person)				
(Name of Contact Person)				
Conital Cornerate Services Inc				
Capitol Corporate Services, Inc. (Firm/Company)				
800 Brazos, Suite 400				
(Address)				
Austin Taura 70704				
Austin, Texas 78701 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Myra Homer at (800) 345-4647			
Myra Homer at ((Name of Contact Person) (A	800) 345-4647 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations P.O. Box 6327	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

Pursuant to the provisions of sections 607.0502 statement of change is submitted for a corporat in order to change its registered office	tion organized under the laws	s of the State of <u>NEBF</u>	RASKA
1. The name of the corporation:	THE MOSAIC F	OUNDATION,	+HC
2. The principal office address: 4980 South 118	th Street, Omaha, NE 68137-2	2220	
3. The mailing address (if different):			
4. Date of incorporation/qualification: 1/15/20	Document nu	ımber: <u>F020000002</u> ;	39
5. The name and street address of the current re- Florida Department of State:	gistered agent and registered	office on file with the	
Corporation Service Company			2
1200 Hays Street		ALLA	7009 NOV
Tallahassee, FL 32301		(ETAR)) perse
6. The name and street address of the new regist (if changed):	tered agent (if changed) and /	(LIL)	
Capitol Corporate Services	s, Inc.	- IDA	£
155 Office Plaza Drive, Su (P.O. Box NO	ite A Tacceptable)		
Tallahassee	Florida	32301	
The street address of its registered office and tas changed will be identical.	the street address of the busi	iness office of its regi	istered agent,
Such change was authorized by resolution dul authorized by the board, or the corporation ha	y adopted by its board of di s been notified in writing of	rectors or by an offic f the change.	er so
(Signature of an officer or director)	H. Keith Sci	hmode, President ed or typed name and title)	t & CEO
I hereby accept the appointment as registered I further agree to comply with the provisions of of my duties, and I am familiar with and accep document is being filed merely to reflect a cha corporation has been notified in writing of thi	agent and agree to act in the of all statutes relative to the ot the obligation of my positinge in the registered office is change.	nis capacity proper and complete ion as registered age address, I hereby con	e performance int. Or, if this nfirm that the
Delanie Case	11-3-0	9	
(Signature of Registered Agent) If signing on behalf of an entity:		(Date)	
Delanie Case, Asst. Secretary on Behalf of Capitol Corp (Typed or Printed Name)	porate Services, Inc.		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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