

# F020000004815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

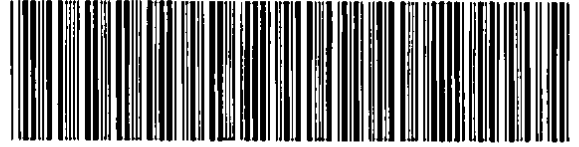
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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600410716916

RA & RO Change

FILED

2023 JUN 26 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2023 JUN 26 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

JUN 27 2023

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/26/2023

**\*\*WALK IN\*\***

ENTITY NAME The Marshall University Foundation, Incorporated

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*E R J*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE MARSHALL UNIVERSITY FOUNDATION, INCORPORATED  
Name of Corporation

**DOCUMENT NUMBER:** F02000004815

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:

**Nikki Lajom**

Name of Contact Person

**Harbor Compliance**

Firm/Company

**1830 Colonial Village Lane**

Address

**Lancaster, PA 17601**

City/State and Zip Code

**lee.graham@marshall.edu**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Nikki Lajom**

Name of Contact Person

at ( **717** ) **869-0133**

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 West Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE MARSHALL UNIVERSITY FOUNDATION, INCORPORATED
2. The principal office address: 519 JOHN MARSHALL DRIVE, FOUNDATION HALL #219,  
HUNTINGTON, WV 25703
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/20/2002 Document number: F02000004815
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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Registered Agents Inc

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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2023 JUN 26 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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.

/s/ R. Scott Anderson / Director  
Signature of an officer or director

R. Scott Anderson / Director  
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.*

David Roberts

Signature of Registered Agent

06/26/2023

Date

If signing on behalf of an entity:

David Roberts

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 (04/13)