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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-
an	nual	report	t mailin	gs.	Enter	only on	e email	address	please.	**

Email	Address:	

REGISTERED AGENT CHANGE CAL FARLEY'S BOYS RANCH FOUNDATION, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: CAL FARLEY'S BOYS RAN	NCH FOUNDATION, INC	•		
Name of Corporation				
DOCUMENT NUMBER: F03000015	565			
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for fi	ling.		
Please return all correspondence concerning this matter	er to the following:			
Lori Whalen				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
Corporate Center One, 5301 Southwest Pkwy, Ste 400			~ .	
Address		:	202	
Austin, Texas 78735		200	3 DE	· E E
City/State and Zip Code			2023 DEC -6	, access
E-mail address: (to be used for future annual repo	ort notification)	MALI WHYSSELF	5 AH 9: 43	H
For further information concerning this matter, please	call:	77	ري دي	
Lori Whalen	at (888) 705-7274 Area Code & Daytime Telep	-*		
Name of Contact Person	Area Code & Daytime Telep	hone Nu	mber	
Enclosed is a \$35.00 check made payable to the Depa	irtment of State.			
Mailing Address:	Street Address:			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
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 cha	provisions of sections 607. inge is submitted for a corp r to change its registered o	poration organized	under the lay	vs of the State of	Texas	
I. The name of t	the corporation: CAL FA office address: 600 SV	RLEY'S BOY	S RANCH	FOUNDATION	ON, INC.	- -
_	ddress (if different):					<u>-</u>
4. Date of incorp	oration/qualification: 3/3	31/2003	_ Document i	umber: <u>F0300</u>	0001565	
	I street address of the curre tment of State: (If resigne		and registere	d office on file w	ith the	
	TRAC - THE RE	GISTERED	AGENT C	OMPANY		
	236 E.6th Avenue				-	
	Tallahassee		FL	32303	- 20	
6. The name and (if changed):	l street address of the new	registered agent (il	`changed) and	1/or registered of	2023 DEC -6	
	Registered Ager	nt Solutions,	Inc.		20-	j
	2894 Remingtor	Green Ln.	Ste. A		AH S	<u></u>
	Tallahassee	P.O. Box NO FL	32308	3	9: 43 F. FL	
_	ess of its registered office be identical.					l.
Such change wa authorized by th	as authorized by resolution ie board, or the corporation	n duly adopted by on has been notifie	its board of c d in writing c	lirectors or by an of the change.	officer so	
s/ Jaclyr	Wright	J <u>a</u>	clyn Wrigh Իռու	ed or typed name and to	Authorized Per	rson
l furthér agrée i of my duties, an document is bei	the appointment as regist to comply with the provist d I am familiar with and ng filed merely to reflect been notified in writing	ions of all statutes accept the obligati a change in the rej	ree to act in relative to th on of my pos gistered offic	this capacity. e proper and con ition as registere e address, I heret	nplete performanced agent. Or, if the by confirm that the	:e is e
Ма	الله نوف	1	2/4/2023			
Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	r, Assistant Secretary					
1;	yped or Printed Name **	* FILING FEE: S	\$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)