

7/27/2021

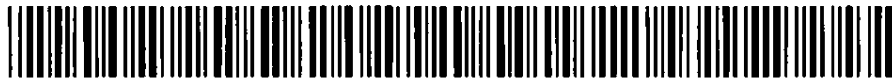
Division of Corporations

F0300004055

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
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.****

Email Address: _____

REGISTERED AGENT CHANGE

**CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION,
IN**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: F03000004055

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:

MORGAN NOBLE

Name of Contact Person

Firm/Company

7901 4th St N Ste 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

eastern@northwestregisteredagent.com

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

For further information concerning this matter, please call:

Morgan Noble

Name of Contact Person

at (509) 768-2249

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
Clifton Building
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, 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 CONNECTICUT in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.
2. The principal office address: 282 WASHINGTON STREET
HARTFORD, CT 06106
3. The mailing address (if different): 1959 PALOMAR OAKS WAY, SUITE 300
CARLSBAD, CA 92011
4. Date of incorporation/qualification: 08/11/2003 Document number: F03000004055
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)

INCORP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

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

NORTHWEST REGISTERED AGENT, LLC

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

David Kinahan
Signature of an officer or director

David Kinahan / President

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.

Tom Glover
Signature of Registered Agent

07/27/2021

Date

If signing on behalf of an entity:

Tom Glover / Manager

Typed or Printed Name

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

FILED
2021 JUL 27 AM 9:12
TALLAHASSEE, FL 32314
DIVISION OF STATE