

F04 0000000 45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019-10-08
10:00 AM

COVER LETTER

TO: Amendment Section
Division of Corporations

2008 OCT -8 AM 9:38

SUBJECT: Maharshi Foundation USA, Inc
Name of Corporation

DOCUMENT NUMBER: FD4000000045

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:

Gordon ST George
Name of Contact Person

Maharshi Foundation
Firm/Company

P.O. Box 670
Address

Fairfield, IA 52556
City/State and Zip Code

gstgeorge@tm.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordon ST George at (641) 209-1879 x120
Name of Contact Person 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 Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAHARISHI FOUNDATION, USA INC
2. The principal office address: 1900 CAPITAL BLVD, FAIRFELD, IA 52556
3. The mailing address (if different): P.O. Box 670
FAIRFELD, IA 52556
4. Date of incorporation/qualification: 12/24/2003 Document number: F040000000
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)

ALCME POTTS
8830 N DIXIE DR
DUNNELLON FL 34434

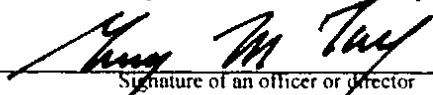
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARATHA M PETERS
1920 NW 7th Place
P.O. Box NOT acceptable
GAINESVILLE, FL 32603

2019 OCT -8 AM 9:30
FILED

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.


Signature of an officer or director

GARY M. KORF C.F.O.
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.

Martha M Peters
Signature of Registered Agent

September 27, 2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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