Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639

REGISTERED AGENT CHANGE

NATIONAL HERITAGE FOUNDATION, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ	ized under the laws of the State of Ger	orgla		
	er to change its registered office or registe	•	sa.		
1. The name of	the corporation: National Heritage Fou	indation, Inc.			
2. The principal	office address: 6201 LEESBURG PIK	E STE. 405 FALLS CHURCH VA	22044		
			· 	- -,	
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 01/24/2006	Document number: F06000000	1570		
5. The name and Florida Depa	d street address of the current registered ap	gent and registored office on file with th	e		
	C T CORPORATION SYSTE	M	315	80	
	1200 SOUTH PINE ISLAND	ROAD		MAY-7	esta (
	PLANTATION, FL 33324 US		TARY ASSE		
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	OF STA	PH 12:	
	Corporate Creations Networ	k Inc.	ORUD?	0	
	11380 Prosperity Farms Roa (P.O. Box NOT seceptable)	ad #221E			
	Palm Beach Gardens, FL 33	410			
_	ess of its registered office and the street a be identical.			gent,	
Such change we authorized by th	is authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an officified in writing of the change.	:er 50		
A. Coc	DOOR DOOR CONTRACTOR CONTRACTOR	by A Howard as atty in fact			
I hereby accept I further agree to of my duties, an document is held corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this cupacity. les relative to the proper and complete gation of my position as registered age registered office address, I hereby con	e perform mi. Or i nfirm tha	nance if this it the	
1/3		May 7, 2008			
	nglure of Registered Agent) nalf of an entity:	(Date)			
	VIce President				
(1	yped or Frimod Name)				
	* * * FILING FER	E: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 CR26045 (8/05)