Division of Corporations Electronic Filing Cover Sheet

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(((H11000291619 3)))





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To:

Division of Corporations

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Account Name : CTPROCOMPLY

Account Number: I20100000053

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Email Address:_

jim@membrino.com

REGISTERED AGENT CHANGE JIM & AMY MEMBRINO FOUNDATION INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ \ \bullet$

-	provisions of sections 607.05(inge is submitted for a corpor			Marry V	ork	
•	r to change its registered offic	•	•	· — — —	·	
1. The name of t	he corneration: JIM & A	AMY MEM	IBRINO FOUNDA	TION INC.		
2. The principal	204 Carr	on Court E	., Ponte Vedra Bea	ch, Florida 32082		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 11/2	20/2006	Document number:	F06000007261		
5. The name and Florida Depar	I street address of the current tment of State: (If resigned, en INCORP SERVICES	nter resigned)	nt and registered office o	on file with the	`` ~ `**	
	17888 67TH COURT 1	NORTH, L	OXAHATCHEE FI	L33470 P	A DEC 13	
6. The name and (if changed):	street address of the new reg		if changed) and /or regis	stered office	SSET FLO	
	C T Corporation System 1200 South Pine Island Road, Plantation, Florida 33324					
	1200 South File Isla				4.*	
	:	P.O. Box NOT as	contracte			
The street address changed will	ss of its registered office and be identical.	d the street ad	dress of the business of	ffice of its registered	agent,	
Such change wanthorized by the	as authorized by resolution d board, or the corporation b	naly adopted b	y its board of directors	or by an officer so		
Tar	C. New		James Membrino,	=-		
hereby accept I further agree to of my duties, an document is bei	e of an officer or director the appointment as registere to comply with the provision d I am familiar with and acc ng filed merely to reflect a co been notified in writing of t	ed agent and a s of all statute ept the obliga- hange in the i his change.	Printed or typed agree to act in this cape is relative to the proper tition of my position as registered office addres		rmance , if this hat the	
Narel	<u>.</u> :	,	November 28, 20	11		
, -	nature of Registered Agent	 .	Date			
If signing on be	half of an entity:					
Mark Willia	ms, AVP					
T	ped or Printed Name			•		
	* * * F	ILING FEE	: \$35.00 * * *			
	MAKE CHECKS PAVA	BLE TO FLOR	DA DEPARTMENT OF ST	TATU		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

Fax Coudet# H11000297619 3