

F080000004049

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.

((H12000201354 3)))



H120002013543ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2012 AUG -9 AM 8:17

TO AGENCY FOR
SUFFICIENCY OF FILING

REGISTERED AGENT CHANGE
ANNIKA FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA/RO/chs
10/8/9/12

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANNIKA FOUNDATION, Inc.
Name of Corporation

DOCUMENT NUMBER: F08000004049

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:

Patricia Finan
Name of Contact Person
Coolsey LLP
Firm/Company
500 Boylston Street 14th floor
Address
Boston, MA 02116
City/State and Zip Code

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

For further information concerning this matter, please call:

Angela Lacone-Radaelli at (407) 385-1843
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

CR2B045 (03/12)

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

1. The name of the corporation: ANNIKA FOUNDATION, Inc.
2. The principal office address: 9685 LAKE NONA VILLAGE PLACE SUITE 205
ORLANDO FL 32827
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/17/2008 Document number: F0800004049

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)

OCHSENREITER, DONALD C

9685 LAKE NONA VILLAGE PLACE SUITE 205

ORLANDO FL 32827

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road Plantation,

P.O. Box NOT acceptable

Florida 33324

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.

Angela Taccone-Radaelli
Signature of an officer or director

Angela Taccone-Radaelli, Treasurer
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.

C T Corporation System

By [Signature]
Signature of Registered Agent

8/19/12
Date

If signing on behalf of:

Tammy Tofterod
Vice President
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FL606 - 06/16/2012 Webform Kluwer Online

12 AUG -9 PM 4:05
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE