

F/1000002926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

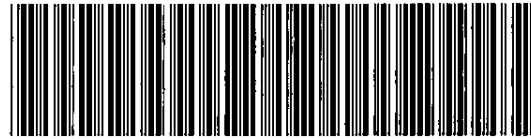
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TALLAHASSEE, FLORIDA

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PA-Adm  
Change  
9/15/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sheltering Palms Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000002926

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:

Andrea Czarnecki  
Name of Contact Person

Sheltering Palms Foundation, Inc.  
Firm/Company

660 Linton Blvd. Ste. 204  
Address

Delray Beach, FL 3444  
City/State and Zip Code

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

For further information concerning this matter, please call:

Andrea Czarnecki at ( 561 ) 241-4321  
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 Texas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sheltering Palms Foundation, Inc.
2. The principal office address: 660 Linton Blvd. Ste. 204  
Delray Beach, FL 33444
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 27, 1997 Document number: F11000002926
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)

Andrea Czarnecki

7999 N. Federal Hwy Ste. 102

Boca Raton, FL 33487

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

Andrea Czarnecki

660 Linton Blvd. Ste. 204

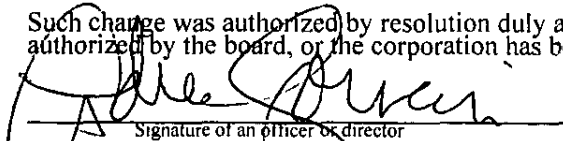
P.O. Box NOT acceptable

Delray Beach, FL 33444

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

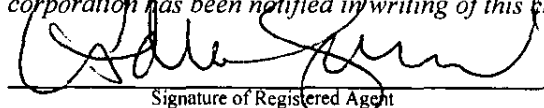
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Andrea Czarnecki CFO

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.

  
\_\_\_\_\_  
Signature of Registered Agent

9/12/11  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Andrea Czarnecki

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