

File 000002926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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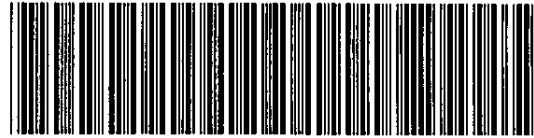
(Business Entity Name)

(Document Number)

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C. CARROTHERS

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

6503 N Military Trl Apt. 1505

Address

Boca Raton FL 33496

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

Name of Contact Person

at (561) 241-4321

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 Florida 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: 6503 N Military Trl Apt 1505 Boca Raton Fl 33496
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

660 Linton Blvd Ste. 204

Delray Beach fl 33444

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

Andrea Czarnecki

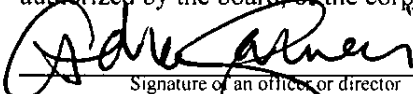
6503 N Military Trl Apt. 1505

P.O. Box NOT acceptable

Boca Raton Fl 33496

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

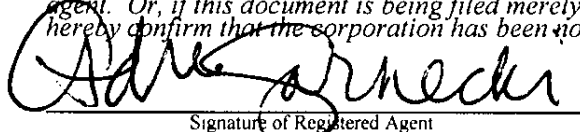
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Andrea Czarnecki Treasurer/Director

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

6/16/2014

Date

If signing on behalf of an entity:

Andrea Czarnecki

Typed or Printed Name

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